Audio Tape Release Form

I voluntarily agree to be audio taped during the interview being conducted by the [Name and the Organization of the Principle Investigator]. I understand that the tapes will be used to gather information about faculty's academic life, and such information will be used to generate a [possible kinds of work produced out of this project]. The tape will be kept for approximately one year and will be securely stored at [Name of the Organization of the PI]. After the data is collected and transcriptions are made, the tapes will be destroyed.

________________________                    _____________________
My Signature      Date

________________________                    _____________________
Signature of the Investigator    Date

Refusal to be Taped

I do not agree to be audio taped during the interview conducted by [Name of PI and his/her Organization]. I understand that I will not receive compensation. By refusing to be audio taped, I understand that I may not continue to participate in the study.

________________________                    _____________________
My Signature      Date

________________________                    _____________________
Signature of the Investigator    Date