

**TRANSCRIPT RELEASE FORM**

**Study Title:** ENTER STUDY TITLE

**Principal Investigator:** NAME

 POSITION, DEPARTMENT

 PHONE NUMBER

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed the complete transcript of my personal interview in this study and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with [name of the researcher].

I hereby authorize the release of this transcript to [name of the researcher] to be used in the manner described in the Consent Form that I signed prior to participating in the interview.

I have received a signed copy of this Transcript Release Form for my own records.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Researcher Date