

Arkansas State University
Heritage Studies Doctoral Program
Informed Consent

1. I hereby agree to participate in an interview in connection with the Heritage Studies Doctoral Program. This specific project is known as _____.
I understand that I will be asked about _____.
2. The interview will be audio and/or video recorded. In the interview, I may be identified by name, subject to my consent. I may also be identified by name in any transcript of the interview, subject to my consent. If I choose to remain anonymous, I know that the recording of my interview will be closed to use and that my name will not appear in the transcript or in reference to any material contained in the interview. If I choose anonymity, then my interview will only be identified by a tracking number.
3. I understand that the interview will take 45 minutes to 2 hours and that I can withdraw from the project at any time – prior to the deed of gift form that is attached hereto. In the event that I withdraw from the project, any recording made will be given to me and no transcript will be made of the interview. I understand that photographs of me may be made or borrowed for duplication. If I withdraw from the project, photographs will be given to me.
4. Subject to the provisions of paragraph 5 below, I understand that, upon completion of the interview, the recording and its contents belong to Arkansas State University and that the information may be used by Arkansas State University in future oral history and heritage projects. The media for publication may include, but are not limited to, use by researchers in presentations, publications, and in Web-based presentations.
5. Arkansas State University agrees that: (i) it will not use or exercise any of its rights to the information in the interview before the deed of gift is signed; (ii) the deed of gift will be submitted to me for my signature at the interview's completion; and (iii.) restrictions on the use of the interview can be placed in the deed of gift and will be accepted as amending Arkansas State University's rights to the interview's contents. I understand that I have the right to review the recording or transcript of the interview before I sign the deed of gift.
6. Any restrictions as to use of portions of the interview indicated by me will be edited from the final copy of the transcript.
7. I understand that at the conclusion of this particular study, and upon signing the deed of gift, the recordings, photographs, and the transcript may be kept at the Arkansas State University Archives at the ASU Library in Jonesboro.

Interviewee's initials _____

8. If I have questions about the research project or procedures, you can contact Dr. Clyde Milner at Heritage Studies Doctoral Program at Arkansas State University PO Box 69 State University, AR 72467. (870) 972-3509 – or by e-mail at cmilner@astate.edu.

9. By agreeing to participate in the interview, you do not waive any rights that you may have regarding access to and disclosure of your records. Your participation in this interview is completely voluntary. You are free to withdraw at any time without penalty.

This project has been reviewed and approved by Arkansas State University’s Institutional Review Board (IRB). The IRB has determined that this project meets the ethical obligations required by federal law and University policies. If you have any questions regarding your rights as a research subject, please contact **Kimberly Marshall** at 870-680-8568.

Check One:

I agree to be identified by name in any transcript or reference to any information contained in this interview.

I wish to remain anonymous in any transcript or reference to any information contained in this interview. I wish to have the recordings containing my interview closed to me. I wish to have my transcript only identified by an internal tracking number assigned within the Heritage Studies Program.

Interviewer Signature _____

Interviewee Signature _____

Address _____

Phone number _____

Consent date: ___/___/___

Interviewee's initials _____