



**CONSENT FORM**

I, \_\_\_\_\_, hereby declare that I consent to participate in \_\_\_\_\_.

**Project Definition:**

Centre for Oral History and Digital Storytelling  
Centre d'histoire orale et de récits numérisés  
Concordia University • Université Concordia

**Research Purpose:**

**Procedures:**

**Conditions for Participation:** Please review the following conditions and options. Do not hesitate to ask your interviewer questions if need be.

Please read and check both	<input type="checkbox"/>	I understand that I am free to remove my consent and end my participation at any time without any negative consequences.
	<input type="checkbox"/>	I understand that the recording and/or transcripts of my interview will be kept at the Centre for Oral History and Digital Storytelling at Concordia University and that these documents will be available to researchers and the public, in person, electronically, or through an online archival catalogue.

**Personal Identity, Dissemination, and Reproduction of the Interview**

I hereby declare that I consent to participate in this research project. I understand that my identity may be revealed in any publication or presentation resulting from this interview if I so choose. I also consent to my interview being housed and available physically and/or electronically at the Centre for Oral History and Digital Storytelling Archives.

If you have questions concerning your rights as a participant in this project, please contact your interviewer or the Project Coordinator.

**Please read all options and choose ONE.**

<p><b>Open Public Access</b> – My identity may be revealed in any publication or presentation resulting from this interview.</p> <p><input type="checkbox"/> I consent to the dissemination and reproduction of my interview (sound and image) by the members of this research project. I consent to have my interview housed and available either in totality or in part, in person and/or through electronic and/or online databases at the Centre for Oral History and Digital Storytelling.</p> <p><input type="checkbox"/> I consent that my interview be housed and available to researchers and the public strictly at the Centre for Oral History and Digital Storytelling. The recording will not be transmitted or reproduced in any other way, neither in part nor in its totality.</p>
<p><b>Limited Access</b> – My identity will be revealed ONLY to researchers who DO NOT have the right to refer to me by name in their publications.</p> <p><input type="checkbox"/> I consent that my interview be housed and available to researchers and the public strictly for consultation at the Centre for Oral History and Digital Storytelling. The recording will not be transmitted or reproduced in any other way, neither in part nor in its totality.</p>
<p><b>Anonymous</b> – My identity will unknown to anyone other than the interviewer. When donated to the Centre for Oral History and Digital Storytelling, all traces of my identity will be removed PRIOR to donation.</p> <p><input type="checkbox"/> I consent that the audio of my interview be housed and available to researchers and the public strictly at the Centre for Oral History and Digital Storytelling. The recording will not be transmitted or reproduced in any other way, neither in part nor in its totality.</p> <p><input type="checkbox"/> I consent that a transcript of my interview be housed and available to researchers and the public strictly at the Centre for Oral History and Digital Storytelling. The transcript will not be transmitted or reproduced in any other way, neither in part nor in its totality.</p>

I HAVE CLOSELY READ THE PROCEEDING TEXT AND I FULLY UNDERSTAND THE NATURE OF THE AGREEMENT. I FREELY AND VOLUNTARILY CONSENT TO PARTICIPATE IN THIS INTERVIEW AND RESEARCH PROJECT.

**INTERVIEWEE**

NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**INTERVIEWER**

NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_