

Study # _____
City _____
State, County _____
Date _____

Indiana University Center for the Study of History and Memory

Informed Consent

Project Title Here

1. You are being asked to participate in an interview in connection with the oral history research project known as _____ . Your participation is voluntary. You will be asked about _____ .
2. The interview will be audiotaped. In the interview you may be identified by name, subject to your consent. You may also be identified by name in any transcript (whether verbatim or edited) of such interview, subject to your consent. If you choose to remain anonymous, the recording(s) of your interview will be closed to use, and your name will not appear in the transcript or in reference to any material contained in the interview. If you choose to remain anonymous, your interview will only be identified by an internal Center for the Study of History and Memory tracking number, which results in a minimal risk of loss of confidentiality.
3. The interview will take approximately ____ hours and you can withdraw from the project without prejudice prior to the execution and delivery of a deed of gift, a form of which is attached. In the event that you withdraw from the interview, any recording made of the interview will be either given to you or destroyed, and no transcript will be made of the interview. A photograph of you may be taken or borrowed for duplication. If you withdraw from the project, the photograph will be given to you. You will receive no payment for participation in this research, but you will receive a copy of the digital recording on CD and a hard copy of the transcript for your records.
4. Subject to the provisions of paragraph five below, upon completion of the interview and signing of the deed of gift, the digital recording and content of the interview belong to Indiana University, and can be used by Indiana University in any manner it will determine, including, but not limited to, use by researchers in presentations and publications. The deed of gift grants you an unrestricted license to use the interview in any manner you choose.
5. Indiana University agrees that: (i) it will not use or exercise any of its rights to the information in the interview prior to the signing of the deed of gift; (ii) the deed of gift will be submitted to you for your signature at the completion of the interview; and (iii) restrictions on the use of the interview can be placed in the deed of gift and will be accepted as amending Indiana University's rights to the content of the interview. You have the right to review the digital recording or transcript of the interview before you sign the deed of gift.
6. Any restrictions as to use of portions of the interview indicated by you will be edited out of the final copy of the transcript.

7. At the conclusion of this particular study and upon signing the deed of gift, the digital recording(s), photograph, and one copy of the transcript will be deposited in the archive of the Center for the Study of History and Memory and at the Indiana University Archive at Indiana University Bloomington. If you indicate your permission on the deed of gift, a copy may also be provided to the organization that is the focus of your oral history interview for educational and research purposes.

8. If you have questions about the research project or procedures, you can contact _____ at _____ or via e-mail at _____.

If you have questions about your rights as a research participant or wish to discuss problems, complaints or concerns about the research study, or to obtain information, or offer input, contact the IU Human Subjects Office at _____.

9. In consideration of all of the above, I give my consent to participate in this research study. I will be given a copy of this informed consent to keep for my records.

____ 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 digital recording(s) containing my interview closed to use. I wish to have my transcript only identified by an internal Center for the Study of History and Memory tracking number.

Subject's Signature: _____ Date: _____
(must be dated by the subject)

Subject's Address _____

Subject's Phone number _____

Signature of Person Obtaining Consent _____