University of Texas at Arlington Special Collections & Archives

INFORMED CONSENT

1. You are being asked to participate in an interview in connection with the oral history project known as __________________________. Your participation is voluntary. You will be asked about ____________________________________________.

2. The interview will be either audiotaped or videotaped. 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 Special Collections & Archives 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 (re: Oral History Agreement), a form 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 the University of Texas at Arlington Special Collections & Archives, and can be used by the University of Texas at Arlington Special Collections & Archives 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. The University of Texas at Arlington Special Collections & Archives 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 the University of Texas at Arlington Special Collections & Archives’ 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/research project and upon signing the deed of gift, the digital recording(s), photograph, and one copy of the transcript will be deposited the University of Texas at Arlington Special Collections & Archives. 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 email 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 University Archivist, Melissa Gonzales, at 817.272.7511 or via email at mggonzales@uta.edu.

V10.22.2013 1 of 2 subject initials _____
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 University of Texas at Arlington Special Collections & Archives tracking number.

Subject’s Signature: _______________________________________ Date: _____________________
Subject’s Printed Name: ______________________________________________________________

   Subject’s Address: ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

   Subject’s Phone number: _________________________________________________________

Signature of Person Obtaining Consent: _______________________________________________
Printed Name of Person Obtaining Consent: _____________________________________________

Project Title _________________________________________________________________
City _________________________________________________________________
State, County ________________________________________________________________