***************************************	You should not sign this consent form until all of your questions about this study have been answered by a member of the research team listed at the top of this form. You will be given a copy of this signed and dated consent form to keep. Participation in this study is voluntary.
	I agree to be audiotaped: No Yes/
==	tagree to be videotaped. NoYes
	I agree to be videotaped. NoYes I agree to allow access to any existing, relevant data archives I have: NoYes
	NoYes
	I agree to have quoted excerpts from the interview used in oral presentations: NoYes
	I agree to have all or parts of the audiotape/videotape posted on the project website: No Yes
	I agree to have all or parts of the audiotape/videotape available on the project website to students, artists, journalists and others interested in the material for their own projects: NoYes
	l agree to have records of the interview (including notes and any recordings) preserved for public use permanently: No Yes
	I also recognize the following conditions: • I can ask that the video and/or audiotape be turned off at any time during this interview, and the tape will be turned off.
	will be turned off. • During the interview, I can designate any comments I make as "off the record" and these comments will be deleted from the audio and/or video recording. • I can ask that my name not be attached to quotes or recordings by initialing here • I can ask that my name not be attached to quotes or recordings by initialing here • I will be sent a copy of any publication in which I am quoted and will be sent links to any of my interview
	material on the project website. • In the future, I can ask for all or parts of audio or video recordings to be: (1) removed from the project website, (2) taken out of the data set from which quoted material is drawn, (3) destroyed. • I acknowledge that I will not be able to retract anything that is already in print or in press at the time I
	submit a retraction request. I can ask for additional conditions, and have listed these below:
	this appear form and have had a
	Your signature below indicates you have read the information in this consent form and have had a chance to ask any questions you have about this study.
	l agree to participate in the study.
	Subject Signature Date
	LDKMMM07
	Printed Name of Subject