

Audio/Video Recording Consent Form for Educational Research Projects

Project Title: _____

Researcher(s): _____

Institution: _____

You are invited to participate in an educational research project that involves audio/video recording of your participation. Please review the following information before giving your consent.

Purpose of the Project

The purpose of this research is to:

Procedures

If you agree to participate, the following will occur:

- Audio and/or video recordings of your participation will be collected.
- Recordings may be used for research analysis, presentations, and/or educational publications.
- Your identity will be kept confidential unless you provide explicit permission to be identified.

Confidentiality

All recordings will be stored securely and only accessible to the research team. Your name or any identifying details will not be used in reports or publications without your permission.

Voluntary Participation

Participation is voluntary. You may refuse to participate, or withdraw at any time, without penalty or effect on your relationship with the institution.

Contact Information

If you have questions regarding this study, reach out to:

Name: _____

Email: _____

Phone: _____

Consent

- ☐ I consent to be audio recorded in connection with this research.
- ☐ I consent to be video recorded in connection with this research.
- ☐ I request that my identity remain anonymous in all uses of the recordings.
- ☐ I permit the use of my identity in connection with the recordings.

Participant Name

Participant Signature

Date

Researcher Name

Researcher Signature

Date