**CONSENT TO AUDIO-RECORDING & TRANSCRIPTION**

Project Title

(Name)

University of Guam

This study involves the audio recording of your interview with the researcher. Neither your name nor any other identifying information will be associated with the audio or the transcript. Only the researcher will be able to listen to the recordings. The tapes will be handled by the researcher and stored in a secure, password-protected computer. Transcripts of your interview may be reproduced in whole or in part for use in presentations or written products that result from this study. Neither your name nor any other identifying information (such as your voice) will be used in presentations or in written products resulting from the study.

By signing this form, I am allowing the researcher to audio record me as part of this research. I also understand that this consent for recording is effective until the following date, \_\_\_\_\_\_\_\_\_\_\_\_ and recording will be destroyed on or before this date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Participant's Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date