



Consent for Audio Recording

(SAMPLE CONSENT)

Participant Name (please print)	
Research Study Title	
Researchers	

As a participant in this research study, I agree to be audio recorded for the purpose of {insert brief rationale}. I am aware that I can withdraw this consent at any time without penalty or consequence, at which time the recordings will be completely erased and destroyed.

I understand that I will be given the opportunity to provide or withdraw my permission for the use of the recordings for purposes other than what was stated in the original consent form prior to their use.

I understand that if I have any comments or concerns resulting from my participation in this study that I can contact the Research Ethics Coordinator, Office of Research Ethics, at 902-457-6350 or ethics@msvu.ca.

Signatures

Participant	
Date	
Researcher	
Date	