

**UNIVERSITY OF CALIFORNIA, SAN DIEGO
AUDIOTAPE RECORDING RELEASE CONSENT FORM**

As part of this project, an audiotape recording will be made of you during your participation in this research project. Please indicate below the uses of these audiotape recordings to which you are willing to consent. This is completely voluntary and up to you. In any use of the audiotapes, your name will not be identified. You may request to stop the taping at any time or to erase any portion of your taped recording.

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| 1. | The audiotapes can be studied by the research team for use in the research project. | _____
Initials |
| 3. | The audiotapes can be used for scientific publications. | _____
Initials |
| 4. | The audiotapes can be reviewed at meetings of scientists interested in the study of
the Tribal Digital Village. | _____
Initials |
| 5. | The audiotapes can be reviewed in classrooms to students. | _____
Initials |
| 6. | The audiotapes can be reviewed in public presentations to non-scientific groups. | _____
Initials |
| 7. | The audiotapes can be used on television and radio. | _____
Initials |

You have the right to request that the tape be stopped or erased during the recording.

You have read the above description and give your consent for the use of audiotapes as indicated above.

_____ Signature	_____ DATE	_____ Witness	_____ DATE
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