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.

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