



## CONSENT FOR AUDIO TAPING

Child's/Research Participant's Name:

Title of the Project:

I consent to the audio-taping of interviews (of my child).

I understand these are voluntary procedures and that I am free to withdraw at any time by requesting that the taping be stopped.

I understand that the audio tape will be respected and used for professional use only.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

Or

\_\_\_\_\_  
(Research Subject)

\_\_\_\_\_  
(Date)