**Oral History Consent Form**

You are invited to participate in an interview project. If you decide to participate, we will be conducting a video recorded interview dealing with concerns about sea level rise and its effect on your community. The interview will be approximately 3 minutes in length. You may withdraw at any time from participating in this project. The material gathered in the interview will be used for further research on the health effects of climate change, and to publicize concerns about the health impacts of climate change.

Since we are recording this interview, we may record statements you make about yourself or others that you may not want to have included. In order to minimize this risk, you will be asked to sign a release form only at the end of the interview so that you will be fully aware of the content of the interview before agreeing to or restricting its public use and preservation. Participation is voluntary.

You may stipulate below any restrictions on and conditions for the use of the recording and its publication or preservation.

**I agree to participate in the interview project described above. I understand that I may withdraw from this project at any time.**

**I waive my claim to any compensation as a consequence of future use of this material.**

**I hereby give permission for any lawful public use including publication of the recording and information collected except for the following conditions:**

**\_\_\_\_\_ no restrictions**

**\_\_\_\_\_ name and comments only**

Signature of Interviewee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_