



**UNIVERSITY OF CALIFORNIA, SAN DIEGO**

**AUDIO RECORDING RELEASE CONSENT FORM**

As part of this project, an audio recording will be made of you during your participation in this research project. Please indicate below that you are allowing your recording to be studied by the research team for use in the research project, and the contents of the audio recording can be used for scientific publications. This is completely voluntary and up to you. In any use of the audio recording, your name will not be identified.

You may request to stop the recording at any time or to erase any portion of your recording.

You have the right to request that the recording be stopped or erased in full or in part at any time and you can still continue to participate in the study.

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

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

Witness/ Researcher

Date