# **Release Form**

You have been asked to participate in a study titled,”*XXX*.” The information provided in our interview is for research purposes. By signing this form, you agree to allow the researchers to use your name and the information you provide for publication and/or presentations.

For questions, please contact:

XXX, Lead Researcher

[email](mailto:tschwarz@uci.edu)

phone

XXX, Faculty Sponsor

[email](mailto:clynch@uci.edu)

phone

***I consent to the use and release of my personal information provided in the interview(s):***

## Your signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Please print your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Thank you!

We appreciate your participation.