**This consent form template is used if a participant is recorded or photographed without their knowledge or permission. The purpose of this form is to allow the participant to withdraw themselves from the study after learning they have been recorded or photographed. See** [**800.02, Conceal or Deception in Research**](https://tamucc-my.sharepoint.com/:b:/g/personal/rebecca_ballard_tamucc_edu/EQturbZwe09Fstw0TWtOI3AB52DDYLal-26fkMRcFr9-Xw?e=0vXrdK) **for more information.**

**Please modify this form so that it accurately describes your study. Delete all red text from the form.**

**INFORMATION SHEET**

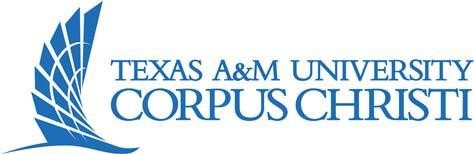
**<Title of Study>**

During the experiment, you were <recorded on an audio/video tape or you were photographed> without your knowledge or permission. The researchers wanted to record your natural reaction.

Describe the purpose for recording the participant without their knowledge. Include further information regarding any deception in the study that may be applicable.

Because you were <recorded/photographed> without your permission or knowledge, you now have the right to refuse to allow your <recording(s)/photograph(s)> to be used and to ask that they be destroyed immediately.

If you do so, there is no penalty. You will still receive <full credit …or payment, if applicable> for the experiment.



If you agree to include your <recording(s)/photograph(s)> in the experiment, they may be reviewed and analyzed by graduate and undergraduate research assistants.

\_\_\_ I give permission for my <recording(s)/photograph(s)> to be used in the analysis for this experiment.

\_\_\_ I do NOT give my permission for my <recording(s)/photograph(s)>) to be used in the analysis for this experiment. Please withdraw them from the study and destroy them immediately.

**Whom do I contact about my rights as a research participant?**

This research study has been reviewed by the Institutional Review Board and/or the Office of Research Compliance at Texas A&M University-Corpus Christi. To report a problem or for questions regarding your rights as a research participant, contact the Research Compliance Office: at (361) 825-2497 or via email sent to “IRB@tamucc.edu”.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You will receive a copy of this form for your records.**

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