

PEPPERDINE UNIVERSITY

[School Affiliation]

DATA RELEASE FORM FOR DECEPTION STUDIES

Sample Data Release Form

This consent form 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 and to offer them the opportunity to demand that any recordings or photographs that were taken of them by a researcher for the purposes of the study be deleted. You will also provide participants/subjects an informed consent. Please tailor this form so that it accurately describes your study. Delete all red text from the form.

[INSERT TITLE OF THE STUDY]

During the experiment, you were recorded on an audio/video tape **or you were photographed, whichever is applicable** without your knowledge or permission. The researchers wanted to record your natural reactions... **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 **or photographed** without your permission or knowledge, you now have the right to refuse to allow recordings **or photographs of your participation in the study** to be used and to demand that the recordings or photographs be immediately and permanently deleted. If you do so, there is no penalty. You will still receive full credit **or payment, if applicable** for your unwitting participation in this study.

If you agree to include your recordings or photographs in the experiment, they may be reviewed and analyzed by graduate and undergraduate research assistants.

____ I give permission for my recording or photographs to be used in the analysis for this experiment.

____ I do NOT give my permission for my recording or photographs to be used in the analysis for this experiment. Please withdraw them from the study and destroy them immediately.

SIGNATURE OF RESEARCH PARTICIPANT

I have read the information provided above. I have been given a chance to ask questions. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF INVESTIGATOR

I have explained the research to the participants and answered all of his/her questions. In my judgment the participants are knowingly, willingly and intelligently agreeing to participate in this study. They have the legal capacity to give informed consent to participate in this research study and all of the various components. They also have been informed participation is voluntarily and that they may discontinue their participation in the study at any time, for any reason.

Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date