



## Student Research Consent Form

### Memorial University of Newfoundland Folklore and Language Archive (MUNFLA)

*This form is part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any other information given to you by the researcher.*

I, \_\_\_\_\_, hereby allow \_\_\_\_\_ to use the voluntarily  
(Print the participant's name) (Print the student researcher's name)  
recorded materials described below for research towards the completion of an assignment in the course  
Folklore \_\_\_\_\_ (course number) \_\_\_\_\_ (semester), for the Department of Folklore,  
Memorial University of Newfoundland, Canada.

List the materials obtained from the participant (i.e. recordings, photographs, etc.):

As the participant, I understand that the uses of this research may include class papers and in-class presentations. I give the student researcher permission to use these materials at his / her discretion for all academic purposes.  Yes  No

Yes, with the following exceptions: \_\_\_\_\_

\_\_\_\_\_

As the participant, I give permission for the student researcher to use my name in the communication of this research.  Yes  No

I wish to be identified as \_\_\_\_\_ (give preferred name or pseudonym).

As the participant, I understand that the student researcher will (choose one):

- Keep the materials in their possession
- Deposit the materials in a public archives or museum collection (such as Memorial University Folklore and Language Archive\*)
- Destroy the materials after the completion of their assignment

\* If depositing in Memorial University Folklore and Language Archive, I have read and signed the **Informant Contract** and I understand that the Archive will, at the discretion of the archivists, allow researchers to use the materials listed above.  Yes  No

**CONSENT:**

Your signature on this form means that:

- You have read the information about the research
- You have been able to ask questions about this study
- You are satisfied with the answers to all of your questions
- You understand what the study is about and what you will be doing
- You understand that you are free to withdraw from the study at any time, without having to give a reason, and that doing so will not affect you now or in the future.

If you sign this form, you do not give up your legal rights, and do not release the researchers from their professional responsibilities.

**Participants Signature:**

I have read and understood the description provided; I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project, understanding that I may withdraw my consent at any time. A copy of this Consent Form has been given to me for my records.

I understand that I may withdraw my participation in this research at any time by contacting the student researcher, and that any ethical concerns I have concerning the research (such as the way you have been treated or your rights as a participant) which cannot be resolved by the student researcher may be discussed with the course instructor,

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_,  
or the Head of the Department of Folklore, Memorial University of Newfoundland, St. John’s, NL,  
A1B 3X8. Phone: 709-864-8402; E-mail: folklore@mun.ca.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Student Researcher’s Signature:**

I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

Signature of student researcher: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

The project has been reviewed by the Department of Folklore’s Undergraduate Studies Committee and found to be in compliance with Memorial University’s ethics policy.

**PRIVACY:** Personal information collected by this archive is used solely to administer and provide services and for no other purpose. If you have any questions about the collection, use, or distribution of personal information, please contact the Office of the Chief Information Officer, (709) 864-2733.