

## INTERVIEW CONSENT FORM

{Name of Project}  
{Student's Name}  
{Date}

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she has explained the nature and purpose of this project.

The interviewee affirms that he/she has consented to this interview.

Yes

Name: Catherine McIsaac

Name: Cucksaac

No

Name: \_\_\_\_\_

Name: \_\_\_\_\_

If you received informed consent, please upload this page as a separate document entitled: "Name of Project/Interview Consent Form".

If an informed consent was not received, please do not upload this page to ScholarWorks. However, you should include this consent page when submitting your PowerPoint to the Family Medicine Department.

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Yes

Name: Julie Piccetti, Children's Librarian

Name: Julie Piccetti

No

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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Yes \_\_\_\_\_

Name: Kyle Myerson

Name: [Signature]

No \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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