The purpose of this study is to investigate the history of \_\_\_\_\_\_. INSERT STATEMENT ABOUT THE FOCUS OF THIS STUDY.

You have been selected to participate because your experiences may offer valuable insight into the history of our region. If you agree to participate in this oral history interview, we will ask questions about \_\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_\_. With your permission, we would like to make an audio and a video recording of this interview. A transcript of this interview will be made from the tape, and you will have the opportunity to review the transcript prior to its further use. Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer or cancel the interview at any time.

After the interview and upon your review of the transcript and tapes, you may be asked to donate this material to the Montana Historical Society for permanent storage. You will be asked to sign a release form with the Montana Historical Society before this can be done. Materials in the Montana Historical Society collection may be used by historians, students, teachers, and any other researchers. Their results could be displayed publicly or published.

**CONTACT INFORMATION:** Participants may contact the project co-director, Dr. Tim Lehman, for pertinent questions about the research, at (406) 657-1123 or tim.lehman@rocky.edu For questions about your rights as a participant in this research, you may contact: Dr. Luke Ward, Chair of the Rocky Mountain College Institutional Review Board (406) 657-1095 or [lucas.ward@rocky.edu](mailto:lucas.ward@rocky.edu).

If you feel upset after having participated in the study or find that some questions or aspects of the study triggered distress, talking with a qualified clinician may help. If you feel you would like assistance please contact [INSERT THE APPROPRIATE CONTACT INFORMATION FOR LOCAL OR NATIONAL PSYCHOLOGICAL/MENTAL HEALTH SERVICES]In the case of an emergency please call 911.

**CONSENT & SIGNATURES:**

Yes No I consent to participate and use my name in this interview.

Yes No I consent to an audio recording of the interview.

Yes\_\_\_\_\_\_ No\_\_\_\_\_ I consent to a video recording of the interview.

Yes   No I would like to review and edit the transcript prior to its use.

Yes No I consent to the deposit of the transcript and the tapes in

the [INSERT INSTITUTION NAME, e.g. Oral History Archives

of the Montana Historical Society] and I understand that I

will have to sign their Release Form.

I have read (or have had read to me) the contents of this consent form and I understand it. I have been encouraged to ask questions and I have received answers to my questions. I give my consent to participate in this study and I have indicated above my choices for participation or not in the certain activities of this study. I have received (or will receive) a copy of this consent form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: (Please print) | |  | | |
| Telephone: | |  | | |
| Address: | |  | | |
| Signature: |  | | Date: |  |

This consent form will be kept by the researcher for at least three years beyond the end of the study.