I hereby voluntarily and without compensation authorize voice recording(s) to be made of me. I give my voluntary permission to ______ to record my voice for educational purposes. I understand that the use of my name and voice recordings will be primarily for the purposes of education.

Choose one of the following:

_____ You may use my real name in full when referring to me or giving me credit for my participation.

X I ask that the audio recorder only use my first name.

_____ Provide me with a pseudonym to preserve my anonymity

If subject is under 18: I, ________________, am the parent/legal guardian of the individual named above. I have read this release and approve of its terms.

Subject signature: _____________________________

Subject printed name: Brenda Jamison

Date: 11/18/17

____________________________

____________________________