Audio Recording Consent Form

*Experiences of Racial/Ethnic Underrepresented Masters-level Students in Counselor Education*

By agreeing to participate in this study, you are asked to consent to having the interview conducted by the research team audio recorded. This will make it possible for the research team to transcribe the recording for data analysis purposes. A pseudonym will be used to replace your actual name and university. Audio files will be stored on a password protected flashdrive which will be locked in the office of Dr. Deborah Duenyas, Ph.D. Audio files, transcriptions, and informed consent documentation will be destroyed in accordance with the university policies.

If you have any questions about this study, please contact Dr. Deborah Duenyas at 610-683-4225 or [duenyas@kutztown.edu](mailto:duenyas@kutztown.edu) or Andre Sumiel at 302-397-7302 or [asumi213@live.kutztown.edu](mailto:asumi213@live.kutztown.edu). If you have questions about the rights of human participants in the research, or to report a problem, you can contact the Kutztown University IRB office at 484-646-4167.

CONSENT

I agree to participate in an audio-recorded interview about my experience of participating in a meditation club to influence my quality of life as part of this research project and for the purposes of data analysis. I agree that the research team my audio-tape this interview. The date, time and mode of interview will be mutually agreed upon.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Print Name

I have been told that I have the right to listen to the audio recording of the interviews before they are used. I have decided that I:

\_\_\_\_ want to listen to the recordings \_\_\_\_ do not want to listen to the recordings

Sign now below if you do not want to listen to the recordings. If you do want to listen to the recordings, you will be asked to assign after listening to them.

The research team may / may not (circle one) use the audio-recorded files made of me. The original recordings or copies may be used for:

\_\_\_\_ this research project \_\_\_\_ publications \_\_\_\_presentations at professional meetings

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Print Name