## Institutional Review Board Rensselaer Polytechnic Institute

## Informed Consent Form (Student Researcher)

I understand that **Jessica Welch Lyons** is a graduate student research assistant who wishes to interview me as part of the research project on contemporary whaling that she is working on with Professor Ron Eglash of the Science and Technology Studies Department at Rensselaer Polytechnic Institute. I understand that she will be making her best possible effort to guarantee me every possible protection, including the following:

- 1. I am under no obligation to be interviewed or photographed if I do not wish to do so.
- 2. I am not obligated to answer any of the questions. I may decline to answer any or all of the questions, and I may terminate the interview at any point. My permission is required before any audio recording is made of this interview.
- 3. If there is anything that I do not wish to have quoted, I may say so at any point during or after the interview what I wish to have kept "off the record," and it will not be quoted. If I do not wish a portion of the interview to be recorded I may say so at any point and the audio recording will end.
- 4. I understand that if Jessica Welch Lyons decides to use any portions of this interview in subsequent publications, that she will send me a copy of the portions of the interview, including any quotations and paraphrases that Jessica decides to use, for my editing and written approval. I will have the right to edit the material and I will receive a copy of the final publication. Jessica will only use the material that I have approved.
- 5. I understand that I may choose to remain anonymous or have my name revealed. I may also change my mind at any point up to and including the review of any quotations and paraphrases that might be used.
- 6. I am aware that audio recordings made at Makah Cultural and Research Center (MCRC) must be archived at the MCRC.

Rosed on reading this form (check one):

| Based on reading this form (check one).                           |           |
|---|-----------|
| I agree to be interviewed and allow an audio recording to be made | <b>).</b> |
| I agree to be interviewed and do not wish to be recorded.         |           |
| I do not agree to be interviewed.                                 |           |
| I choose to be photographed                                       |           |
| I choose not to be photographed                                   |           |
| (check one):  |           |
| I choose to remain anonymous.                                     |           |
| I choose to reveal my name.                                       |           |
|   |           |
| Name of Participant Signature                                     | Date      |

## For further information contact:

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