Records Release Consent Form

Team Stilton Blue - Franklin W. Olin College of Engineering, Needham, MA 02492

As part of a research project on drivers, we are making a photographic, audio and/or video recording of the operations you perform with one or more interfaces to computer systems and taking notes on what we observe. We would like you to indicate below what uses of these records you are willing to consent to. This is completely up to you. We will only use the records in ways that you agree to. In any use of these records, your name will not be identified.

Please initial all those statements that you agree to. If you wish, you may modify the statements below to better express your wishes; please initial next to any changes you make as well as at the end of each statement to which you agree.

The records can be studied by the research team for use in research reports. ___

The records can be shown to subjects in other experiments. ___

The records can be used in scientific publications. ___

The records can be shown at meetings of scientists interested in the study of human-computer interaction and interaction design. ___

The records can be shown at meetings of educators interested design, engineering, or innovations in education. ___

The records can be shown in public presentations to nonscientific groups. ___

I have read the description and give my consent for the use of the records as indicated above.

Name (printed):

Signature: ________________________

Date: ___________