Project title: Principal Investigators: [] I understand that all the material I will be asked to record and/or transcribe is confidential [] I understand that the contents of the consent forms, interview tapes, sound files or interview notes can only be discussed with the researchers. [] I will not keep any copies of the information nor allow third parties to access them. [] I will delete all interview and other relevant files from my computer after transcription. Research Assistant's signature: Research Assistant's name: Date: Signature of PI: Name of PI:

Sample Confidentiality Agreement for Research Assistants (for transcription work)

Note: The Research Assistant will be given a copy of this form to retain for her/his records