**Sample Release Form for Translators and Transcribers**

Principal Investigator: [*NAME*]   
Department: [*Department*], University of Oregon   
Project Title: [*TITLE*]

I understand that as a [translator/transcriber/interpreter] working for [*Principal Investigator*], there are research related [interactions (e.g., interviews, focus groups, consent process, etc.)] I will observe or record that need to remain confidential. I understand that I am required to maintain and protect the confidentiality of the information divulged by participants of the [interactions (e.g., interviews, focus groups, consent process, etc.)]. I agree not to disclose the information gathered during the [interactions (e.g., interviews, focus groups, consent process, etc.)] to anyone other than the principal investigator, authorized study team members, and the Institutional Review Board. I agree also not to disclose the identities and information about the identities of individuals who participate in the [interactions (e.g., interviews, focus groups, consent process, etc.)].

My signature confirms that I will abide to this agreement, and that I will preserve the confidentiality of all proceedings, information gathered and transcribed, as well as the identities of participants in the [interactions (e.g., interviews, focus groups, consent process, etc.)].

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[*The translator/transcriber/interpreter should sign and date the form.*]**