**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 working for [*Principal Investigator*] with the research related interviews we conduct and record, I am required to maintain and protect the confidentiality of the information divulged by participants of the interviews. I agree not to disclose the information gathered during the interviews to anyone other than the principal investigator. I agree also not to disclose the identities and information about the identities of individuals who participate in the interviews.

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 interviews.

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