



TEXAS CHRISTIAN UNIVERSITY  
Media Recording Release Form

Title of Research: Race and Reconciliation Initiative Oral History

Study Investigators: Dr. Frederick Gooding, Jr., Dr. Sylviane Greensword, Dr. Trung Nguyen, Payton Anderson, Julie Austin

Record types. As part of this study, the following types of media records will be made of you during your participation in the research:

- Photographic Image
- Video Recording

Record uses. Please indicate what uses of the media records listed above you are willing to permit by initialing below and signing the form at the end. We will only use the media records in ways that you agree to.

- The media record(s) can be studied by the research team for use in this research project.
- The media record(s) can be shown/played to subjects in other research studies.

Please initial: DW

- The media records(s) and/or their transcriptions can be used for scientific or scholarly publications.
- The media records(s) and/or their transcriptions can be used at scholarly conferences, meeting, or workshops.
- The media records(s) and/or their transcriptions can be used in classrooms.

Please initial: DW

- The media record(s) can be shown/played in public presentations.
- The media record(s) can be shown/played on television, radio, or other broadcast media.
- The media record(s) can be shown/played on the Internet/World Wide Web.

Please initial: DW

I have read the above descriptions and give my consent for the use of the media recordings as indicated by my initials above.

Name: Don Williams

Signature: Don Williams

Date: 04/27/2022

If you have concerns regarding your rights as a study participant, Dr. Dru Riddle, Chair, TCU Institutional Review Board, (817) 257-6811, [d.riddle@tcu.edu](mailto:d.riddle@tcu.edu); or Dr. Floyd Wormley, Associate Provost of Research, [research@tcu.edu](mailto:research@tcu.edu)

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. A copy also will be kept with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

**Consent to be audio/video recorder**

I agree to be audio/video recorded. Yes  No

Shilline  
Signature Date

**Consent to Use Data for Future Research**

*I agree that my information may be shared with other researchers for future research studies that may be similar to this study or may be completely different. The information shared with other researchers will not include any information that can directly identify me. Researchers will not contact me for additional permission to use this information.*

Yes  No

Shilline  
Signature Date

**Consent to be Contacted for Participation in Future Research**

*I give the researcher's permission to keep my contact information and to contact me for future projects.*

Yes  No

Shilline  
Signature Date