

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:

- 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:
- 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:

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

Name:

ERROL HENRY

Signature:

Date: 3/27/2/

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; or Dr. Floyd Wormley, Associate Provost of Research, research@tcu.edu

Texas Christian University

IRB#: 1920-377

Approval Date: January 25, 2021

PLEASE READ EACH QUESTION CAREFULLY	PLEASE CIRCLE THE ANSWER THAT APPLIES TO YOU	
Have you experienced any of the following symptoms in the	YES	NO
past 48 hours:		
• fever or chills		
• cough		
• shortness of breath or difficulty breathing		
• fatigue		
• muscle or body aches		
• headache		
• new loss of taste or smell		
• sore throat		
<ul> <li>congestion or runny nose</li> </ul>		
<ul> <li>nausea or vomiting</li> </ul>		
• diarrhea		
Within the past 14 days, have you been in close physical contact	YES	(NO)
(6 feet or closer for a cumulative total of 15 minutes) with:		
<ul> <li>anyone who is known to have laboratory-confirmed COVID-</li> </ul>		
19? OR		
<ul> <li>anyone who has any symptoms consistent with COVID-19?</li> </ul>		
Are you isolating or quarantining because you may have been	YES	(NO)
exposed to a person with COVID-19 or are worried that you	ar or realist	
may be sick with COVID-19?		
Are you currently waiting on the results of a COVID-19 test?	YES	(NO)

In addition, RRI team members and participants will wear facial coverings. Participants and the interviewer may remove coverings during the interview only for optimal sound purposes. They will maintain the 6-ft. distancing guideline. Should you self-report you may have been exposed to COVID-19, we will re-schedule the interview or conduct it via Zoom.

We do not believe there are any risks from participating in this research that are different from risk that you encounter in everyday life.

## What are the benefits of participating in this study?

Although you will not directly benefit from being in this project, others might benefit because the study will provide critical perspectives, deepen understanding, and result in recommendations for action and healing when it comes to race relations. Indeed, the interviews will raise awareness of past and present instances of racism and inequality and thereby help the TCU community work toward a campus where everyone is respected and valued.

## Will I be compensated for participating in this study?

You will not receive any payment for your participation.

## What are my costs to participate in the study?

To participate in the research, you will not need to pay for anything.

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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

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.

Consent to be Contacted for Participation in Future Research

I give the researchers permission to keep my contact information and to contact me for future projects.

Signature

Date

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