**VA Research Participation Consent**

**Session Description**

You are being asked to participate in a feedback session to give your opinion on a website created by the Department of Veterans Affairs. By participating in this feedback session, you will help the VA improve this website.

This feedback session will take about 30 minutes. We'll ask you some questions about the support you offer to School Certifying Officials. We typically record session comments using written notes, audio recording and video recording, if there is a visual component. If you prefer that we not record using one of these methods, you can indicate so below. We will not use your name when presenting the results of this research effort. We may use the recording in the future to help show others how to improve websites.

You may end the session at any time. If you need a break, just tell the moderator. If you have questions, you may ask them whenever you like.

**Consent**

By initialing below and signing this form, I give my permission for the VA to use:

* Written notes of verbal statements (initial here \_TC\_\_\_\_\_)
* Recorded voice (initial here \_\_TC\_\_\_\_)
* Screen recording (initial here \_\_TC\_\_\_\_)

I understand that I may end the session at any time. If I need a break at any time, I will tell the moderator. I agree to ask questions about the session if I don't understand something. If I have questions after the session is over, I can contact Cindy Cruz at [cindy.cruzgranados@va.gov](mailto:cindy.cruzgranados@va.gov).

I expressly release the Department of Veterans Affairs from and against any and all claims, which I have or may have for invasion of privacy, defamation, or any other cause of action arising out of the production, distribution, display or publication of the results of the project, as the conditions described above are met.

By signing below, I indicate agreement with these terms above.

Name (printed) \_\_Teresa Chapman \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_Teresa Chapman \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_9/23/2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_