**Name Identification Form (for narrators)**

I give permission to the researchers with The Schizophrenia Oral History Project to identify me in the following way in connection with my oral history in all forms and media for advertising, trade, and any other lawful purposes.

Please check ONE of the following:

\_\_\_\_\_ Identify me by my first and last name.

\_\_\_\_\_ Identify me by first name only.

\_\_\_\_\_ Do not use my real name at all. Use this fake name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to use to identify me in any public presentation of my oral history.

\_\_\_\_\_ Do not use my real name at all. Make up a fake name to use to identify me in any public presentation of my oral history.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Subject Date

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Subject Date

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Investigator Date

*Note: All signed forms will be kept in locked files in a locked office of one of the researchers.*