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Student Folklore Fieldwork

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Special K Cookies

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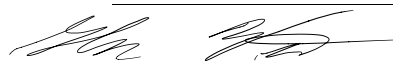
(Note: Whether you electronically type your name in the signature space below or print this form and sign by hand, you are appending your signature to this document and agreeing to the above conditions.)

Participant Signature  Date 12/15/2018

Printed Name of Participant Ashley Nielson

Parent/Guardian Signature (if participant is a minor) _____ Date _____

Printed Name of Parent/Guardian _____

Interviewer Signature  Date 11/15/18

Printed Name of Interviewer Glen Wright

Participant Address _____

City _____ State _____ Postal Code _____

Participant Telephone () _____ E-mail ashley.nielson.1@aggiemail.usu.edu

Restrictions: _____