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| **HEADING INFORMATION REQUIRED FOR REACH LFGD TRANSCRIPTS** | |
| **FGD date:** | Date of FGD |
| **FGD #:** | XX |
| **Transcriber:** | Staff Name |
| **Translator:** | Staff Name |
| **Site reviewer:** | **No**: If “no,” reason why not  **Yes**: If “yes,” initials of reviewer |

**I,** translator/transcriber **certify on** date of transcription **that this transcript is an accurate and complete representation of the original audio file.**

**Note: certification statement completed before transcript undergoes quality control procedures.**

**FGD Text:**

1. F:
2. *Pseudonym*:
3. *Pseudonym:*
4. F: