*[Instructions: This form is for use during in-person research which will require you to collect some identifying information. Complete all information highlighted in yellow then remove brackets, yellow highlights, and these italicized instructions.]*

**Confidential Informed Consent Form**

**Identification of Researchers:** This research is being done by [insert your name and title] along with their advisor [if a student, include the advisor’s name and title here].

**Purpose of the Study:** The purpose of this study is to [insert a description of your study].

**Request for Participation:** You are invited to participate in a study to [insert a short description of your study]. It is up to you whether you would like to participate. If you decide not to participate, you will not be penalized in any way. Your decisions whether to participate or not will not jeopardize your future relationship with the researcher, advisor, or LaGrange College. You may decide to stop at any time without penalty. If you do not wish to answer any of the questions, you may simply skip them, although skipping questions may disqualify your results. This research is confidential, and you may withdraw your information at any time by contacting the researcher.

**Exclusions:** You must be at least 18 years of age to participate in this study. [Describe any other exclusions].

**Description of Research Methods:** This study involves completing a survey about [fill in the blank]. The survey will ask you about [fill in the blank summarizing your study questions]. [Add any additional procedures or interventions here. Delete the information above about surveys if this does not apply to your research.] This study will take about [time] to finish.

**Privacy:** All the information we collect will be confidential. We will record the following information: [describe any information you will be collecting]. Your confidentiality will be maintained by storing these consent forms and identifiable information in a locked container in a locked room. Identifying documents will be shredded and disposed of within one year of the study completion.

**Explanation of Risks:** The risks associated with participating in this study are similar to the risks associated with everyday life. [Describe any additional risks. Insert the following if your study contains potentially emotional topics. Some of the topics in this study may be emotional or triggering to some people. If appropriate, add the following to your explanation: If you experience any uncomfortable thoughts or feelings due to this study, please feel free to contact the available mental health services on campus or contact your doctor. You may reach the LaGrange College Counseling Center at 706.880.8269 or by going to their offices on the 1st floor of Smith Hall.]

**Explanation of Benefits:** You will benefit from participating in this study by getting firsthand experience in research. [Insert the following if participants are LaGrange College Students: You may also receive assignment credit or bonus points if you are enrolled in a participating course at LaGrange College. Speak with your instructor to confirm participation and requirements.]

**Questions:** If you have any questions about this study, please contact [insert your contact information] or [if a student, include your faculty advisor’s name and title here]. If you have any questions about your rights as a research participant, please contact Brian Peterson, Vice President for Academic Affairs and Chair of Institutional Review Board at [IRB@lagrange.edu](mailto:IRB@lagrange.edu).

This project was approved by the LaGrange College Institutional Review Board on [date (IRB Approval #).]

If you understand the above information, please sign your name below to affirm your consent to participate.

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_