Highlighted content is for informational purposes only. These should all be deleted before submitting your final version. Everything that is underlined needs to be filled in with the information relevant for your specific study.

INFORMED CONSENT

**FOR**

(The title of the research project)

You are invited to participate in a study of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Should you decide to participate, I, name of investigator, will ask that you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (If participants will receive nothing from participation, you should delete the following sentence.) For your participation, you will receive \_\_\_\_\_\_\_\_\_\_\_\_. (The following sentence should only be included if you are using REPS) If you are part of the Research & Experiment Participation System (REPS) you will receive \_\_\_\_ credits for this study.

The benefits of this study include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The risks of this study include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Your decision whether to participate will not jeopardize your future relationship with LaGrange College. Furthermore, you may discontinue participation at any time and retrieve any information that we have about you whenever you wish. You are free to withdraw from the study even during the middle of a session without penalty. If you decide to withdraw from the study, you may also retrieve any information about yourself that we have on file. At the end of the data collection and interpretation, we will destroy all records that identify you as a participant in our study.

(If your study contains potentially emotional topics, you should include the following paragraph about mental health services on campus, if not, delete it.)

Some of the topics in this study may be emotional or triggering to some people. If you experience any uncomfortable thoughts or feelings due to this study, please feel free to contact the available mental health services on campus. Their contact information is included below. If you would like the researcher or faculty research advisor to contact the Counseling Center on your behalf, please let us know.

Counseling Center: 706-880-8269 (Smith Hall, 1st Floor, Rooms 107 & 127)

If you have any questions about this study, we invite you to ask. If you have any questions later, (name and email of investigator) will be happy to answer them. For more information regarding your rights as a research participant, you may contact the Chair of the Internal Review Board (name and email of chair). You may ask for a copy of this form to keep.

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

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Time Participant’s Signature

(If you are conducting an online study, instead of signatures, you should ask participants to type their names and then have a question where the options are “I consent to participate in this study” and “I do NOT consent to participate in this study”. If the participant chooses to not consent, the study should immediately terminate.)