

## Informed Consent

Principal Researcher(s) Other Researcher(s)	Dates of Research Project
Title of Research Project	

**You are being asked to voluntarily participate in a research study. The purpose of this research is described below. Please read this document carefully and ask any questions you may have before signing the form.**

**Research Project Purpose** [Provide a concise and focused presentation of the key information that will assist the prospective participant to understand the reasons *why they might or might not want to participate in the research* .]

**If you participate, you will be asked to:**

[Describe your research procedures. Provide a detailed description of any procedures expected to be performed on or by the participants, including the time expectation for participation. If applicable, describe any use of video and/or audio recording that may occur during the study. Explain how you intend to use these recordings and who will have access to them.]

**Compensation (if applicable)**

**Potential Risks of the Research Project (if applicable)** [Describe any potential risks or discomfort for the participant.]

**Potential Benefits of the Research Project**

**Confidentiality will be maintained by:** [If data from the study will be shared, describe whether the shared data will be identifiable (with justification if it will be), with whom the data will be shared, and the intended purpose or use of the shared data. Describe where the data will be stored.]

**If you have any questions about this study, you should feel free to ask them now. If you have questions later, desire additional information, or wish to withdraw from participation, please contact the Principal Researcher by mail, phone, or email at:** [Insert Principal Researcher's full name, postal address (in c/o College for Creative Studies is acceptable), phone number, and email address.]

Participation in this study is completely voluntary. There will be no negative consequences if you decide not to participate. If you do decide to participate, you may cease to participate at any time and you may opt not to answer specific questions or perform specific tasks. If you have questions pertaining to your rights as a research participant, or wish to report concerns related to this study, please contact the College for Creative Studies Institutional Review Board at [irb@collegeforcreativestudies.edu](mailto:irb@collegeforcreativestudies.edu).

**By signing this form, I am attesting that I have read and understood the information provided and I freely give my consent to participate.**

Research Project Participant Signature

Research Project Participant Printed Name

Date

**Parental/Guardian Permission (if applicable)**

If this form documents parental/guardian permission, a copy of any surveys or questionnaires to be utilized must be attached.

**By signing this form, I am attesting that I have read and understood the information provided and I freely assent for the child or animal to participate.**

Parent/Guardian Signature

Parent/Guardian Printed Name

Date