

Consent Form Template
INFORMED CONSENT
(TITLE of STUDY)

You are invited to participate in a research study which will involve (STUDY DESCRIPTION). My name is (YOUR NAME), and I am a (YOUR ROLE) at Humboldt State University (SCHOOL OR DEPARTMENT). The purpose of this research is to (PURPOSE).

If you decide to participate, you will be asked to (PROCEDURES). Your participation in this study will last (DURATION). (IF APPLICABLE, describe intention to use direct quotations or to audio or video record participants.)

There are (SOME or NO) possible risks involved for participants. These risks are (DESCRIBE RISKS). There are (SOME or NO) benefits to this research, particularly (BENEFITS).

Your participation in this project is voluntary. You have the right not to participate at all or to leave the study at any time without penalty or loss of benefits to which you may otherwise be entitled. (IF APPLICABLE, describe withdrawal procedures and whether data can or cannot be removed once collected.) (INCENTIVES: If you are offering an incentive, such as gift cards, explain what the incentive is and the stipulation for receiving the incentive.)

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Measures to ensure your confidentiality are (CONFIDENTIALITY PROTECTIONS).

The data obtained will be maintained (IF PAPER FORMS, in a safe, locked location) and will be destroyed after a period of (TIME FRAME) after the study is completed. This consent form will be maintained (IF PAPER FORMS, in a safe, locked location) and will be destroyed after a period of (THREE YEARS MINIMUM) years after the study is completed.

If you have any questions about this research at any time, please call or email me at (YOUR INFO), (or (FACULTY ADVISOR NAME AND CONTACT INFO)). If you have any concerns with this study or questions about your rights as a participant, contact the Institutional Review Board for the Protection of Human Subjects at irb@humboldt.edu or (707) 826-5165.

Your signature below indicates that you (IF APPLICABLE, are at least 18 years old), have read and understand the information provided above, that you willingly agree to participate, and that you understand that your participation is voluntary and you may stop at any time.

Signature

Date
