

SAMPLE CONSENT FORM

I, _____

Please Print Your Name

agree to be a participant in the research titled *Name of Research Project Here*, which is being conducted by *Name(s) of Researchers Here*, who can be contacted at *Researcher's Phone Number*. I understand that this participation is entirely voluntary; I can withdraw my consent at any time and have the results of the participation returned to me, removed from the experimental records, or destroyed.

The following points have been explained to me:

- (1) The purpose of this study is ...
- (2) The procedures are as follows: You will be asked to You will not list your name on the data sheet. Therefore, the information gathered will be completely anonymous. You will be asked to sign two of these consent forms. One form will be returned to the investigator and the other consent form will be kept for your records. The consent forms will be placed in one box and the data forms will be placed in a separate box. You may shuffle all forms in either box to insure complete anonymity.
- (3) You may find that many questions are invasive or personal. If you become uncomfortable answering any questions, you may cease participation at that time. No discomforts or distresses will be faced during this research.
- (4) No physical, psychological, social or legal risks exist in this study.
- (5) The results of this participation will be anonymous and will not be released in any individually identifiable form without my prior consent unless required by law.
- (6) The investigator will answer any further questions about the research (see above phone numbers).
- (7) In addition to the above, further information, including a full explanation of the purpose of this research, will be provided at the completion of the experiment.

Signature of Investigator

Date

Signature of Participant

Date

Research at Palm Beach Atlantic University which involves human participants is carried out under the oversight of the Institutional Review Board. Questions or problems regarding these activities should be addressed to Dr. David M. Compton, Chair of the Office of Academic Research or Dr. Randy Richards, Provost, PO Box 24708, West Palm Beach, Florida 33416-4708 [(561) 803-2463].

(Form Res-Con1)

Note: Two copies are required, one for the participant and one for the investigator. Investigators should keep copies for 3 years.