**[Your Title Goes Here – sample form revised 7/27/2022]  
STUDY INFORMATION & CONSENT FORM**

You are being asked to take part in a research study on **[your topic goes here]**. We are asking you to take part because you **[your description of participants goes here]**. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

**What the study is about:** The purpose of this study is **[your purpose goes here]**

**What I will ask you to do:** If you agree to be in this study, **[your expectations of your participants goes here]**

**Duration and location of the study:**

Your participation in this study will involve **[give expected duration, number of sessions, and time frame of the sessions, e.g., "one session that lasts one hour"; "three 30-minutes sessions once a week for three weeks"]**. The study will take place **[give location of study]**.

**Risks and benefits: [list any potential risks or benefits for the participating in the study here]**

**Compensation: [If you are paying them or entering them in a raffle explain here or write None]**

**Confidentiality: [Describe if their data will be identifiable and to whom. How you will store and protect any identifying information that you have. This should be explicit with some discussion of encryption if using electronic media, and physical locks if using paper media. If you are assigning a code number to each participant explain that here.]**

**Privacy/Confidentiality:**(NOTE: *Anonymity* means that no identifying information such as name or student ID number is collected, so the privacy of participants is assured. *Confidentiality* means that the researcher (or perhaps the instructor) will have a record of who participated but the data will be kept private.

Because you will not be providing any information that can uniquely identify you (such as your name or student ID number), the data you provide will be anonymous.

OR

Any data you provide in this study will be kept confidential unless disclosure is required by law.  In any report we publish, we will not include information that will make it possible to identify you or any individual participant. Specifically, we will ... **[explain how you will keep their names and data secure and who will have access to the data, e.g., your research assistants, your advisor, your teacher, your classmates.  NOTE: If there is a master list that includes the participant’s name and a code linking the name to the data, this must be made explicit to participants and the master list must be kept secure and separately from the collected data.  Explain when the consent forms and any other identifiable data will be destroyed.  Note: The IRB requires PIs to keep consent forms for 3 years.  You do not ever have to destroy raw data but at some reasonable point, you should destroy anyone’s ability to link the participants' data to identifying information.]**

**Taking part is voluntary:** Taking part in this study is completely voluntary. You may skip any questions that you do not want to answer. If you decide to take part, you are free to withdraw at any time without consequence. **[IRB suggests the text shown, adapt if needed for your study.]**

**If you have questions:** The principal investigator is **[your name]**. Please ask any questions you have now. If you have questions later, you may contact me at **[your email]** or at **[a phone # if desired, but best if not your personal number]**. You can reach Professor **[your advisor]** at **[advisor’s email]** or **[advisor office phone #]**. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Pomona College Institutional Review Board (IRB) Manager, the Associate Dean for Research, preferably via email to [IRB@pomona.edu](mailto:IRB@pomona.edu). The Associate Dean for Research can also be reached through the Dean of the College office by phone at (909) 621-8137.

**STATEMENT OF CONSENT: I have read the above information and have received answers to any questions I asked. I consent to take part in the study.**

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**PRINTED NAME OF PARTICIPANT**

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**SIGNATURE DATE**

**STATEMENT OF CONSENT: In addition to agreeing to participate, I also consent to having the interview recorded. [if recording audio/video, otherwise remove this section]**

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**PRINTED NAME OF PARTICIPANT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE DATE**

**You will be given an electronic copy of this form to keep for your records. [Do not use if you plan to maintain complete anonymity, instead provide a paper copy participants keep.]**

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**EMAIL**