**SAMPLE INFORMED CONSENT FORM**

[Note that this is a *sample* consent form for student researchers and should be altered to accurately reflect the *individual study.* Faculty researchers should make the obvious modifications to remove student references.]

**INSTITUTIONAL REVIEW BOARD**

**AGNES SCOTT COLLEGE**

**Agnes Scott College  
Informed Consent Form**

This research is intended to investigate [describe research project]. The researcher , [your name], a student at Agnes Scott College, is attempting to learn [describe the goals of the project].

This study will take place between [start date] and [end date]. The researcher requests your consent to be one of approximately [number] individuals interviewed regarding [describe the general nature of what you will be asking about]. If you agree, the researcher will interview you, take notes during the discussion, [and make an audio recording of your conversation]. Interviews will last approximately [give estimate].

There are no foreseeable risks involved in participating in this study other than those encountered in day-to-day life.

OR  
There is the risk that you may find some of the questions to be sensitive.

OR

There is the risk that some questions may cause emotional discomfort.

OR

Some of the questions ask about […] and may be distressing to you as you think about your experiences.

OR

The possible risks or discomforts of the study are minimal. You may feel a little [uncomfortable/embarrassed/sad/tired/…] answering [personal/sensitive/many/…] questions.

Your participation in this study is voluntary. You may refuse to take part in the research. You are free to decline to answer any particular question you do not wish to answer for any reason. If you becomes uncomfortable with discussing any issues raised during the interview, you may end the interview at any time.

You will receive the following benefit for participating in this study [describe the benefit, e.g. money, course credit, …].

OR

You will receive no direct benefits fro participating in this research study. However, your responses may help us learn more about ……

The participants’ identities will remain confidential, known only to the researcher. All research notes [and audio recordings] will remain in the possession of the researcher and will not be shared with anyone. [Audio Recordings will be destroyed at the completion of this project in [provide date].] No names or identifying information will be included in any publications or presentations based on your response unless you give specific permission to do so.

If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in research have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone other than the investigator, you may contact the Agnes Scott College Institutional Review Board at 141 E. College Avenue, Decatur, GA, or email [irb@agnesscott.edu](mailto:.irb@agnesscott.edu).

By signing this consent form you agree that:

I understand the information provided to me above. I also understand this study involves research and I may make inquiries concerning this procedure by contacting my research supervisor, Professor [name], Department of […], Agnes Scott College, Atlanta, GA 30030 via phone at [number] or [email address].

I understand that neither Agnes Scott College nor the investigators have made provisions for payments of costs associated with any injury resulting from participation in this study, and that reports of injury should be made to the person above.

I understand that my participation in this study is completely voluntary and that I am free to withdraw my consent and to discontinue participation in this project at any time without penalty or loss of benefits to which I would otherwise be entitled.

I am 18 years of age or older.

I have read and understand the procedures involved in the research and hereby consent to participate in this study.

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Participant Signature Date Researcher Signature

I also consent to have my voice recorded for the purposes of this study, and I understand that my identity and all recordings will remain confidential.

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Participant Signature Date Researcher Signature