# Informed Consent Form

You are being asked to voluntarily participate in a research project entitled [project title] being conducted by [student researcher’s name], a student at Randolph College.

## Purpose and Procedure

[Describe the purpose and procedures of the study, including the duration of the participant’s role.]

## Confidentiality

[Describe how the participant’s identity will be protected and how the data will be kept private. State what recordings will be made (notes, audio and/or video recordings, etc.) and who will have access to the data and/or recordings, including any potential videographers, transcribers, statisticians, etc. State where the data will be securely stored and how it will be destroyed after the research. If the data will not be destroyed at the end of this specific research project, then state where and how it will be securely stored.]

## Risks and Discomforts

[Discuss the foreseeable risks in the study. If psychological or physical risks are involved, include appropriate contact information, such as phone numbers for the campus Counseling Center (434-947-8158) and / or Health Center (434-947-8130).]

## Benefits

[Discuss the foreseeable benefits of the study.]

## Participation and Compensation

Your participation in this project is completely voluntary. You have the right to withdraw from this study at any time without repercussions or penalties. You have the right to receive a final copy of the research results; please indicate such a desire at the end of this form.

The researcher may end your participation in this project if [discuss possible conditions, such as noticeable stress on the part of the participant].

By participating in this project, you will receive [note possible compensation, such as extra credit in a course].

## Contact Information

If you have any questions or concerns about this research project, you may contact [student researcher’s name], the student researcher, at [student researcher’s e-mail address]. You can also contact [faculty sponsor’s name], the faculty sponsor, at [faculty sponsor’s e-mail address] or Michael Sechler, the chair of the Institutional Review Board, at [msechler@randolphcollege.edu](mailto:msechler@randolphcollege.edu) . You can also reach any of Randolph College’s personnel through the main phone number: 434-947-8000.

## Participant’s Consent

I am 18 years of age or older. I have read this consent form, I understand my role in this research project, and I have had an opportunity to discuss any questions that I have about it. I agree to voluntarily participate in this research project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

Please initial the following line if desired:

\_\_\_\_\_\_\_\_\_\_ Yes, I would like a copy of the research results.