# KENNESAW STATE UNIVERSITY

**CONSENT FORM**

**Title of Research Study:** *[Insert title of study]*

**Researcher's Contact Information:**  [Name, Telephone, and Email]

*\*\*students may use faculty advisor's contact information if desired*

You are being asked to take part in a research study. The information in this form will help you decide if you want to be in the study. Please ask the researcher(s) if there is anything that is not clear or if you need more information.

**Description of Project**

*[Describe the study purpose: Why is it being conducted? What is the research question? What is being studied?]*

**Explanation of Procedures**

If you agree to participate in this study:

*[Briefly state what a participant will be asked to do, including the estimated time commitment and location. Specify if there is any additional activity like audio recording or access to personal records].*

Participation is voluntary. You can refuse to take part or stop at any time without penalty. *[Provide assurance that the decision to refuse or withdraw will not affect any benefits the participant is otherwise entitled to or other activities that are otherwise conducted].*

**Risks or Discomforts**

*[Explain any risks or discomforts - including psychological discomfort - that might reasonably be expected to happen, and list steps to be taken if harm should come to the participants, including any availability of medical treatment if needed. If there are no known risks or anticipated discomforts in this study, then state so].*

**Benefits**

*[Briefly describe benefits to the subject and to others (society). If there are no direct benefits to the subject, include language stating that although there will be no direct benefits to you for taking part in the study, the researcher may learn more about (insert description). Also, if benefits cannot be guaranteed, ensure language reflects such].*

**Compensation** *(if applicable)*

*[Describe any compensation or credit that participants may receive for taking part in the study. Include an explanation of alternatives to participation when participation is for classroom credit].*

**Confidentiality**

*[Describe how privacy concerns and confidentiality will be addressed. If research records include identifiers or codes that are linked to individuals via a master list or code key, explain this and indicate when the identifiers will be removed/destroyed].*  We will take steps to protect your privacy, but there is a small risk that your information could be accidentally disclosed to people not connected to the research. To reduce this risk we will *[describe confidentiality procedures].* We will only keep information that could identify you *[list information].*

*Include one of the following:*

*If the information will be used or shared after the identifiers have been removed, for example with other researchers and/or for future studies without additional consent, describe this possibility.*

*OR*

*If the information will not be used or distributed for future research, state this.*

Research at Kennesaw State University that involves human participants is carried out under the oversight of an Institutional Review Board. Questions or problems regarding these activities should be addressed to the Institutional Review Board, Kennesaw State University, [irb@kennesaw.edu](mailto:irb@kennesaw.edu).

If you agree to participate in this research study, please sign below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant or Authorized Representative, Date

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Signature of Investigator, Date

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PLEASE SIGN BOTH COPIES OF THIS FORM, KEEP ONE AND RETURN THE OTHER TO THE INVESTIGATOR