**CONSENT FORM**

**CONSENT FOR PARTICIPATION IN RESEARCH**

**Note: this is a model only and should be tailored to describe your project.**

**Remove this header and print the form on SOU or departmental letterhead stationery.)**

Research Project Title:

Principal Investigator:

You are invited to participate in a research study conducted by [*name of investigator*] from Southern Oregon University, [*departmental affiliation*]. The researcher hopes to learn [*state what the study is designed to discover or establish; if you are a student, please also indicate that the study is being conducted in partial fulfillment of course requirements.*

You were selected as a possible participant in this study because [*state why subject was selected*]. If you decide to participate, you will be asked to [*describe procedures and activities, their purpose, duration, location and frequency; if these activities are to be audio- or videotaped, please indicate this*].

While participating in this study, it is possible that [*describe all possible risks, discomforts and inconveniences, and explain how you will safeguard against them, provide resources, etc].* You may not receive any direct benefit from taking part in this study, but the study may help to increase knowledge which may help others in the future. [*If this is not the case, then include a statement about likely benefits, including any compensation which will be offered to participants.*]

Any information that is obtained in connection with this study and that can be linked to you or identify you will be kept confidential [*If this is not the case, and subjects will be identified by name or otherwise in a paper, thesis, dissertation, journal or newspaper article, on the web or in a presentation, a statement must be added to that effect. If information will be released to any other party for any reason, please state the nature of such information, identify the person or agency to whom it will be furnished, and the purpose of such a disclosure*]. This information will be kept confidential by [*describe coding methods (if any) and data storage procedures*].

Your participation is voluntary. You do not have to take part in this study, and it will not affect your [*relationship*] with [*name the institution*]. You may also withdraw from this study at any time without penalty.

If you have concerns or problems about your participation in this study or your rights as a research subject, please contact Joanne Preston, Director of Grants & Sponsored Programs at 541.552.6161, or prestonj1@sou.edu. If you have questions about the study itself, contact [*researcher’s name*] at [*address and telephone number*].

Your signature indicates that you have read and understand the above information, are 18 years or older, and agree to take part in this study. You may withdraw your consent at any time and you are not waiving any legal claims, rights or remedies. The researcher will provide you a copy of this form for your own records.

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Signature/Date

This study has been reviewed and approved by Southern Oregon University’s Institutional Review Board (IRB). The IRB has determined that this study meets obligations required by federal law.