**CONSENT FORM**

**CONSENT FOR PARTICIPATION IN SOCIAL AND BEHAVIORAL 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:

I consent to my participation in (or my child’s participation in) research being conducted by       of Southern Oregon University and his/her assistants and associates.

The investigator(s) has explained the purpose of the study, the procedures that will be followed, and the amount of time it will take. I understand the possible benefits, if any, of my participation (and/or my child’s participation).

I know that I can (and/or my child can) choose not to participate without penalty to me (and/or my child). If I agree to participate, I can (and/or my child can) withdraw from the study at any time, and there will be no penalty.

*[Insert one or more of these bulleted sentences as required. Remove the bullets when you format the final version of the form. Omit sentences that do not apply to this study.]*

* I consent to the use of audiotapes and/or videotapes. I understand how the tapes will be used for this study.
* I consent to the use of photographs. I understand how the photographs will be used for this study.
* I consent to the use of the following information from my academic or medical records:      .

I have had a chance to ask questions and to obtain answers to my questions. I can contact the investigators at      . If I have questions about my rights as a research participant, I can call the Grants Administration Office (541) 552-6161.

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 and University policies.

I have read this form or I have had it read to me. I sign it freely and voluntarily. A copy has been given to me. By signing this form, I am confirming that I am at least 18 years old and am giving consent to participate in the study.

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| Print the name of the participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |
| Principal Investigator Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |