**Title of Research**

**Researcher**

Contact Info

**INFORMED CONSENT STATEMENT**

**1. Invitation to Participate and Description of the Project.** Your participation in the research study is voluntary. Before agreeing to be a part if this study, please read the following information carefully.

**2. Description of Procedure.**

**3. Risks and Inconveniences.**

**4. Benefits.**

**5. Financial (or other) considerations**:

**6. Confidentiality.**

**7. Voluntary Participation.** Your participation in this study is entirely voluntary. You may refuse to participate in this research; such refusal will not have any negative consequences for you. If you begin to participate in the research, you may skip questions or discontinue your participation without any negative consequences at any time.

**Authorization:** I have read the above information and I have decided that I will participate in the project described above. If I choose not to participate there will be no penalty. I understand that I can stop participating at any time, even after I have started. **I agree to participate in the study. My signature below indicates that I have read the above information and that I am at least 18 years of age.**

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

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The participant will be given one copy of this consent form. One signed copy of this form is to be kept by the investigator.

If you have further questions about this research project, please contact the student researcher \_\_\_\_\_ at [email] or the faculty advisor \_\_\_\_ at [email]. If you have questions about your rights as a research participant of if you have research related complaint, please contact the IRB Office at (860) 832-1938 or [irb@ccsu.edu](mailto:irb@ccsu.edu).