**Replace [text brackets] with details about your study, then delete these instructions and versions of the consent not needed.**

**[Project Title]**

**Consent to Participate**

**Introduction**

[Short introduction about your research topic.] You are invited to participate in a research study about [details].

**Purpose**

The purpose of this research study is to [details about why you are conducting this research].

**Study Procedures**

If you agree to be part of the research study, you will be asked to [details about the procedures potential participants are being asked to consider and the approximate time commitment involved].

**Benefits**

[A statement of reasonably expected benefits from the research relative to the study purpose, both to the participant (of which there may be none) and to a particular population, process, or society.]

**Risks and Discomforts**

[A statement about potential risks or discomforts – even if none are expected, how they have been minimized, and the resources available for potential participants.]

**Data Confidentiality**

Data collected will remain [anonymous or confidential (**choose one**)]. [If confidential, explain your process to keep the information confidential (i.e., data will be de-identified; data will be reported and presented in aggregate (group) form or with no more than two descriptors presented together; quotes will not be attributed to individuals; data will be kept secure.] [If collecting identifiable personal information, explain the extent to which the data will used for future research or shared with other researchers.] [If collecting data from voice, digital, video, or image recording, include a statement specifying how those recordings will be used or add a supplemental Audio-Visual Release Form.]

**Voluntary Participation and Withdrawal**

Participating in this study is completely voluntary. Your decision whether or not to participate will not affect your current or future relations with St. Cloud State University or the researcher. If you decide to participate, you can withdraw at any time without penalty.

**Contact Information**

If you have questions about this research study, you may contact [name and contact info for PI (and faculty advisor if PI is a student)]. If you have questions or concerns about your rights as a research subject, you may contact [name and contact info for PI or IR]. You may contact the researcher if you are interested in the results of the study [or tell participants where they can obtain research results or publication (i.e., published in the St. Cloud State University Repository)].

**Compensation**

If you choose to participate, you will be compensated [describe any compensation that will be provided to subjects, the nature of the reward (e.g., money, extra credit), the amount, when it will be awarded (e.g., the beginning of the study, the end of the study, or at each visit), and whether it will be adjusted if subjects withdraw from the study early. If extra credit, include a description of alternate opportunities for extra credit].

**Consent**

Your signature indicates that you are at least 18 years of age, are the parent or legal guardian of the child participant of this study, have read the information provided above, and consent to allow your child to participate.

Signature of Parent or Guardian Date

Name

**Minor Participant Assent** [if appropriate]

Your child’s signature indicates their agreement to participate in this research.

Signature of Study Participant Date

Name

*For online surveys, replace the “Consent” language with:*

By completing this online survey, you are confirming that you have read this informed consent form, are a legal adult, and voluntarily agree to participate in this research study.