**Online Cover Letter:** (**for use with *low-risk, anonymous online* surveys)**

Condensed Informed Consent Language with “Click Consent”

**Instructions:**  Insert your information where you see *italics* text below. When finished, insert everything below dotted line onto the first page of your online survey. Make sure to include these buttons at the beginning and end of your survey: **“Begin the survey”** and **“Exit the program.”**

**………………………………………………………………………………….**

**Title of Study:**

**Investigator(s):** [*state investigator(s) name(s) and relevant characteristics, such as undergraduate student in the capstone course*]

**Introduction**

* You are being asked to be in a research study conducted at Pacific Lutheran University in [*state your department/school*].
* You were selected to participate because [*explain how subject was identified, include any inclusion/exclusion criteria—e.g., you are a student in college, you are a \_\_ major*].
* The purpose of the study is [*explain research question and purpose in everyday language*].

**Description of the Study Procedures**

* If you agree to be in this study, you will be asked to do the following things: [*explain procedures and tasks; describe length of time for participation, frequency and duration of procedures; etc*.]
* Some sample questions we will ask are: [*Be sure to include examples of questions on topics that are different from what a participant might discuss in their day-to-day lives with a stranger. Please mention anything that could potentially cause: emotional distress, risk to reputation (social risk), or physical discomfort*]*.*

**Risks/Benefits/Compensation**

* There are no anticipated significant risks, benefits, or compensation[*if there is compensation, explain*] for completing this study.

**Anonymity**

* Your responses will be strictly anonymous; we will not be collecting or retaining any information about your identity. Data from this study may be used in [*a research paper, presentation, publication, etc.*]. [*If information will be released to any other group or agency, for any reason, state the name of the agency, the nature of the information, and the purpose of the disclosure.*] [*State how data will be protected—e.g., will be stored in a password protected computer account, in a secure location to which only the researcher will have access, etc.*] [*Explain how long data will be kept and when and how it will be erased/destroyed*]

**Right to Refuse or Withdraw**

* The decision to participate in this study is entirely up to you.You may refuse to take part in the study *at any time* without affecting your relationship with the investigators of this study or Pacific Lutheran University. Your decision to refuse will not result in any loss of benefits to which you are otherwise entitled. Youhave the right not to answer any single question, as well as to withdraw completely from the study at any point during the process. Because your participation is anonymous, it will not be possible to withdraw your survey answers from the study after you have submitted the survey.

**Right to Ask Questions and Report Concerns**

* You have the right to ask questions about this research and to have those questions answered by the researchers, before, during, or after the study. You may contact the primary investigator,[*name*], at [*email*] or [*telephone number—faculty only*]or the primary investigator’s faculty advisor[*name*]at[*email*]or[*telephone number*].
* If you have any other concerns about your rights as a research participant, you may contact the Human Participants Review Board, Pacific Lutheran University through the Provost’s Office at (253) 535-7126.

**Consent**

* By clicking below to be taken to the survey, you indicate that you have read and understood the above, that you are at least 18 years of age, that you willingly agree to participate, and that you are not waiving any legal claims.
* If you would like to keep a copy of this document for your records, please print or save this page now.