**Signed Consent Form (for research assuring confidentiality NOT anonymity)**

**Instructions:** Insert your information where you see *italics* text; then remove *italics*. Please delete all HIGHLIGHTED TEXT before submission.

**Consent to Participate in a Research Study**

**Pacific Lutheran University**

**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 participant was identified, include any inclusion/exclusion criteria—e.g., you are a student in college, you are a \_\_ major*].
* Please read this form and ask any questions that you may have before agreeing to be in the study.

**Purpose of Study**

* The purpose of the study is [*explain research question and purpose in everyday language*].
* Ultimately, this research [*will be presented in a class assignment, will be summarized in a senior capstone project in the \_\_ department, may be presented at a professional conference or in a manuscript for publication, etc.*].

**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/Inconveniences/Discomforts of Being in this Study** [*choose one of the following*]

* The study has the following risks. First, [*explain first risk—e.g., it may be inconvenient for you to fill out a long questionnaire. Some of the questions on the survey may cause mild emotional discomfort.*]. Second, … Third, …
* There are no reasonable foreseeable (or expected) risks. There may be unknown risks.

**Benefits of Being in the Study** [*choose one of the following*]

* The benefits of participation are [*explain benefits that are likely to be gained by each participant—e.g., research familiarization credit or extra credit, the information provided to you about (the topic area)*. *If there is payment, describe it here.*]

**Confidentiality**

* Records of this study will be kept confidential as far as is permitted by law. *[If lack of confidentiality, change heading for this section to Lack of Confidentiality and explain].* Research records will be available for review by members of the Human Participants Review Board (HPRB) at Pacific Lutheran University. [*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.*] Individual participant data will be kept separate from identifying information and [*state how confidentiality will be preserved—e.g., will be linked only by a code that will be stored in a password protected computer account, in a secure location to which only the researcher will have access, etc.*]. [*If audio or video tape recordings are made, explain who will have access to them and when and how they will be erased/destroyed.*] We will not include any information in any report we may publish that would make it possible to identify you.

**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; additionally, you have the right to request that the researcher not use any of your study material.

**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**

* Your signature below indicates that you have read and understand the information provided 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. You will be given a signed and dated copy of this form to keep.

Name of Participant (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**………………………………………………………………………………….**

If using audio or video recording: Include section below for signatures. Delete all HIGHLIGHTED TEXT before submission.

If not using audio or video recording: Delete the dotted line and everything below it.

**1. I agree to be** [audio or video] **taped for this interview:**

Name of Participant (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**2. I agree to be interviewed, but I do not want the interview to be taped:**

Name of Participant (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_