

LOS RIOS COMMUNITY COLLEGE DISTRICT
REQUEST TO CONDUCT RESEARCH ABOUT LRCCD STUDENTS AND/OR COLLEGES
Sample Consent Form for Participants

This sample is provided as a model from which a consent form can be developed. *[You should include the information suggested in the brackets/italics.]* The consent form should be written in terms that are understandable to the intended participants. **A signed copy should be given to the participants and one should be kept by the investigator.**

You are invited to participate in a study conducted by *[Name of investigator and affiliation]*. We hope to learn *[State what the study is designed to discover or establish]*. You were selected as a possible participant in this study because *[State why the subject was selected]*.

If you decide to participate, we will *[Describe the procedures to be followed, including their purposes, how long they will take, and their frequency and locale]*. *[Describe the risks, discomforts, inconveniences, and benefits reasonably to be expected. If benefits are mentioned, add:]* We cannot guarantee, however, that you will receive any benefits from this study.

[Describe appropriate alternative procedures that might be advantageous to the subject, if any. Any standard treatment that is being withheld must be disclosed, in the case of control groups.]

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. If your permission is to be required for disclosure, you will be asked to complete a separate form at a later date.

[If the subject will receive compensation, describe the amount or nature. If there is a possibility of additional costs to the subject because of participation, describe it.]

Your decision whether or not to participate will not prejudice your future relations with the *[institution]* *[and the named cooperating agency or institution, if any]*. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty.

If you have any questions, please ask us. If you have any additional questions, later *[Give the name and phone number of the person who will answer questions]* will be happy to answer them. You will be given a copy of this form to keep.

You are making a decision whether or not to participate in this study. Your signature below indicates that you have read the information above and have decided to participate in the study.

Participants Name:

Print Name _____ Signature: _____ Date: _____

[_____]

Relationship to subject (this line should not appear on forms that will be given to subjects consenting for themselves.)

Witness Name:

Print Name _____ Signature: _____ Date: _____

Researcher's Name:

Print Name _____ Signature: _____ Date: _____

Researcher's Phone Number (include area code): _____