**Berry College**

**Sample Informed Consent Form**

Instructions: Modify this form to fit your specific project. All information in **red** must be deleted after you have modified that section to fit your project. This consent form needs to be printed on appropriate letterhead.

I have been asked to participate as a subject in the research project titled [put title here]. The project is being conducted by [names of researchers and their affiliation with Berry College]. I understand that my participation is entirely voluntary and that I can withdraw my consent at any time without penalty. I also understand that I can have the results of my participation, to the extent that it can be identified as mine, returned to me, removed from the research record, or destroyed.

The following points have been explained to me:

* [Describe the reason for doing the research, what effects, if any, the results will have, and the benefits to the participant.]
* [Describe the procedure(s) for the study. How and what the participants will be expected to do.]
* [Describe any known discomforts or stresses associated with the project. If none exists, state that none exists.]
* [Describe any foreseeable risks or dangers associated with the project. If none exists, state that none exists.]
* [State that the results of this participation will be kept confidential and will not be released in any individually identifiable form without my prior consent, unless otherwise required by law.]
* [State that any questions about the research now or during the course of the project will be answered by [name of researcher]. If you have any further questions you may also contact Dr. [project faculty supervisor] at [list their phone and email].]

***I acknowledge that I have read and understand the above information. My signature below indicates that I VOLUNTARILY agree to participate in this study.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date Printed Name of Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator Date Printed Name of Investigator

This project has been reviewed and approved by the Berry College Institutional Review Board for Human Subjects Research (IRB). Questions concerning your rights as a participant in this research may be addressed to the IRB Chairperson, Office of Research and Sponsored Programs, Box 495006, Berry College, Mount Berry, GA 30149-5006. Phone (706) 290-2163. Email: research@berry.edu