**INFORMED CONSENT STATEMENT:** [project title]

**INTRODUCTION**

The [college/Department name] supports the practice of protection for human subjects participating in research. The following information is provided to help you decide whether you wish to participate in the present study. You retain the right to refuse to sign this form and not participate in this study. You should be aware that even if you consent to participate in this study, you may withdraw from this study at any time without consequence. If you choose to withdraw from this study, it will not affect your relationship with this department, your school/program, or professor/instructor.

**PURPOSE**

The purpose of the study is [insert purpose here in multiple sentences if need be]. Your participation in this study is voluntary and not required for any portion of a course grade or program completion.

**PROCEDURES**

You will be asked to [describe expected tasks to be completed during this study]. Total time for participation will be between [give the anticipated time].

**RISKS**

[Give anticipated minimal risks that could reasonably results from participation] or state: There are no anticipated risks in completing this [survey, questionnaire, feedback form, open ended questions, etc.].

**BENEFITS & COMPENSATION**

There are no individual benefits for participants. There is not financial compensation, but consenting participants will be provided [food or free handouts, if anticipated].

**PARTICIPANT CONFIDENTIALITY**

[use confidentiality statement from IRB application regarding the protection of personal identifying information and the security process for that information]

**REFUSAL TO SIGN CONSENT**

You are not required to sign this Consent form and you may refuse to do so without affecting your right to participate in any programs or events at **Tennessee State University** or any services you are receiving.

**CANCELLING THIS CONSENT**

You may withdraw your consent to participate in this study at any time. If you choose to withdraw from the study before data collection is completed, any collected data will be destroyed and not used. You are welcome to withdraw any data which has been collected about yourself, as long as that data is identifiable. You may contact the researcher at [insert researcher name and email] for further questions or to cancel your consent.

**CONSENT:** Completing the consent form is required to further participate in the study.

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By my signature I affirm that I am at least 18 years old and a [identify population criteria that makes person eligible].

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Print Participant’s Name Date Participant’s Signature Date

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_