Online Consent Form Template
INFORMED CONSENT
(TITLE of STUDY)

My name is (YOUR NAME), and I am a (YOUR ROLE) at the Cal Poly Humboldt (SCHOOL AND/OR DEPARTMENT). I am conducting this research study to (EXPLAIN PURPOSE OF RESEARCH AT AN 8TH GRADE READING LEVEL). If you volunteer to participate, you will be asked to (PARTICIPANT PROCEDURES EXPLAINED ADEQUATELY AT AN 8TH GRADE READING LEVEL). Your participation in this study will last (DURATION, IN DETAIL. PROVIDE THE # OF HOURS PER SESSION, # OF SESSIONS PER PARTICIPANT, ETC.).

Your participation in this study is voluntary. You have the right not to participate at all or to leave the study at any time without penalty or loss of benefits to which you are otherwise entitled. There are (SOME or NO) possible risks involved for participants. These risks are (DESCRIBE RISKS). There are (SOME OR NO) benefits to this research, particularly that (STATE BENEFITS TO SUBJECTS OR SOCIETY (MOST RESEARCH DOES NOT RESULT IN DIRECT BENEFITS TO THE PARTICIPANT)).

(IF APPLICABLE, describe withdrawal procedures and whether data can or cannot be removed once collected.) (INCENTIVES/COMPENSATION, IF APPLICABLE): State if an incentive will/will not be offered for participating in the study. If you are offering an incentive or compensation, such as gift cards or test results, explain what the incentive is and the requirements for receiving the incentive. Can the participant leave the study early or must they complete the study to receive the incentive? You must state how and when they will receive it.)

(COLLECTING COMPLETELY ANONYMOUS INFORMATION): It is anticipated that study results will be shared with the public through presentations and/or publications. Information collected for this study is anticipated to be completely anonymous and cannot be linked back to you. The anonymous data will be maintained in a safe, locked location and may be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you. Raw data will be destroyed after a period of (X YEARS) after study completion.

If you have any questions about this research at any time, please call or email me at (YOUR INFO), (or (FACULTY ADVISOR NAME AND CONTACT INFO)). If you have any concerns with this study or questions about your rights as a participant, contact the Institutional Review Board for the Protection of Human Subjects at irb@humboldt.edu or (707) 826-5165.

Your participation in this study indicates that you (IF APPLICABLE, are at least 18 years old) have read and understand the information provided above, that you willingly agree to participate, and that you may withdraw your consent at any time and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

Please print this informed consent form now and retain it for your future reference.

○ I have read and understood this consent information, and agree to participate in this study.