



**FORM E – *Human Subjects Consent Form Sample (IRB)***

**Study Title:** \_\_\_\_\_

**Researcher:** \_\_\_\_\_

- ❖ This is a consent form for participation in a research study. It contains important information about this study and what to expect if you decide to participate.
- ❖ Your participation is voluntary. You may refuse to participate in this study. If you decide to take part in the study you may leave the study at any time. If you are a student or employee at Schenectady County Community College, your decision will not affect your grades or employment status.
- ❖ Please review the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

**Purpose of the study:**

**Duration of the study:**

**What will be expected of participants?**

**Anticipated risks and benefits to participants: Incentive(s) offered to participants (if any):**

**Confidentiality provisions and data disposition:**

**Who can answer questions about the study (include contact information):**



I have read this form and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I understand that I am not giving up any legal rights by signing this form and I will be given a copy of this signed form.

**Printed name of participant** \_\_\_\_\_

**Signature of participant** \_\_\_\_\_

**Date** \_\_\_\_\_

**Investigator/Research Staff**

I have explained the research to the participant before requesting the signature above. There are no blanks in this document. A signed copy of this form has been given to the participant or his/her representative.

\_\_\_\_\_  
Printed name of person obtaining consent

\_\_\_\_\_  
Signature of person obtaining consent

\_\_\_\_\_  
Date

