

**Institutional Review Board (“IRB”)**

**Informed Consent Form Template**

Title of Research Study:

Introduction and Purpose: Briefly describe the research study.

Procedures: What will the participant be asked to do?

Potential Risk, Discomfort, or Inconvenience: Describe any potential risks, discomfort, or inconvenience. If applicable, provide a list of relevant help lines. For example:

*If you are experiencing mental health related distress, please dial 988 for the suicide and crisis lifeline or 866-903-3787 for the National Mental Health Hotline.*

Privacy and Confidentiality: How will data be stored securely? How will confidentiality be maintained?

Voluntary Participation:

*Participation in this research study is voluntary. Declining to participate will in no way impact your relationship with [Name of Primary Investigator] or Connecticut State Community College (“CT State”). If you decide to participate in this research study, you have the right to stop participating at any time.*

Consent Statement: Either statement A or B below is required.

Statement A:

*I understand the procedures described above. My questions have been answered to my satisfaction, I have been given a copy of this informed consent form, and I agree to participate in this research study.*

*Signature:*

*Print Name:*

*Date:*

Statement B:

*I understand the procedures described above and all questions have been answered to my satisfaction. By returning this questionnaire/survey, I am agreeing to participate in this research study.*

*This study complies with the requirements for research involving human subjects by the CT State IRB. If you have any questions or concerns about being a participant in this research study, please contact the principal investigator, [INSERT NAME OF PI], by phone at [INSERT PHONE NUMBER] or by e-mail at [INSERT E-MAIL ADDRESS] or the CT State IRB at* [*CTState-IRB@ct.edu*](mailto:CTState-IRB@ct.edu)*.*