

## SAMPLE INFORMED CONSENT FORM

(You may use this form as a guideline for writing the informed consent form. Your specific consent form should include information pertinent to your specific research project, and may need to be considerably different from this sample. The highlighted sections are to be filled in by you.)

My name is **(name of person doing project)**, and I am a **(student/professor, etc.)** at Union College. I am inviting you to participate in a research study. Involvement in the study is voluntary, so you may choose to participate or not. A description of the study is written below.

I am interested in learning more about **(your research topic.)** You will be asked to **(state what the subject will be asked to do.)** This will take approximately **(state the expected length of time)**. The risks to you of participating in this study are **(state the risks to subjects.)** These risks will be minimized by **(state the procedures you will use to minimize the risks.)** If you no longer wish to continue, you have the right to withdraw from the study, without penalty, at any time.

**(When appropriate, either or both of the following paragraphs should be included.)**

All information will be kept **(either confidential, in the case where subjects' identities need to be retained or can be associated with their responses, or anonymous and confidential, in the case where data collection does not allow responses to be connected with a particular subject).**

**(If paying participants \$0.01-\$100): Please be aware, payments received for participation in research studies may be considered taxable income. (If paying participants who are not Union faculty, students, or staff ≥\$100.01): Please be aware, payments received for participation in research studies may be considered taxable income. Union College requires tracking of payments that are made to you in order to comply with IRS requirements for the payor. This tracking information is collected via Form W-9 and includes your name, address, and social security number. This information will be stored confidentially and separately from research data.**

Even though all aspects of the experiment may not be explained to you beforehand (e.g., the entire purpose of the experiment), during the debriefing session you will be given information about the experiment and have the opportunity to ask questions.

If you have any questions about the research please contact **(name and email address of person doing project)**, and **(name and email address of supervising faculty/staff member, etc.)**. If you have any questions concerning your rights as a research participant that have not been answered by the investigator or if you wish to report any concerns about the study, you may contact the Union College Human Subjects Review Committee Chair Catherine Walker ([walkerc@union.edu](mailto:walkerc@union.edu)) or the Office for Human Research Protections (<https://www.hhs.gov/ohrp/>).

By signing below, you indicate that you understand the information printed above, and that you wish to participate in this research study.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Name of investigator

\_\_\_\_\_  
Date