

SAMPLE FORM

LETTER OF CONSENT FOR ADULTS

(Typically used for studies that would not exceed minimal risk or would qualify for exempted status except for population)

Dear _____:

I am a professor [a graduate student under the direction of Professor _____] in the Department/Division/College of _____ at Illinois State University. I am conducting a research study to *(give description and state purpose of study)*. I am requesting your participation, which will involve _____. *(Include the expected duration of the subject's participation as well as anything the subject will be requested to do)*.

Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty, (it will not affect your grade, treatment/care, **whichever applies - select only one**). The results of the research study may be published, but your name will not be used.

Although there may be no direct benefit to you, the possible benefit of your participation is _____.

If you have any questions concerning the research study, please call me at () ____ - _____ or _____ at () ____ - _____.

Sincerely,

(Researcher's name)

I consent to participating in the above study. (Release statement for videotaping or relinquishing confidentiality must be inserted here if applicable.)

Signature _____

Date _____

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Research Ethics & Compliance Office at Illinois State University at (309) 438-2529.

SAMPLE FORM

PARENTAL LETTER OF PERMISSION FOR MINORS

(Typically used for studies that would not exceed minimal risk)

Dear Parent:

I am a professor [a graduate student under the direction of Professor _____] in the Department/Division/College of _____ at Illinois State University. I am conducting a research study to _____ (*give description and state purpose of study*). I am requesting your child's participation, which will involve _____. (*Include the expected duration of the subject's participation as well as anything the subject will be requested to do*).

Your child's participation in this study is voluntary. If you choose not to have your child participate or to withdraw your child from the study at any time, there will be no penalty (it will not affect your child's grade, treatment/care, ***whichever applies - select only one***). Likewise, if your child chooses not to participate or to withdraw from the study at any time, there will be no penalty. The results of the research study may be published, but your child's name will not be used.

Although there may be no direct benefit to your child, the possible benefit of your child's participation is _____.

If you have any questions concerning the research study or your child's participation in this study, please call me at () ____ - ____ or _____ at () ____ - ____.

Sincerely,

(Researcher's name)

I give consent for my child _____ to participate in the above study. (Release statement for videotaping or relinquishing confidentiality must be inserted here if applicable.)

Signature _____

Date _____

If you have any questions about you or your child's rights as a subject/participant in this research, or if you feel you or your child have been placed at risk, you can contact the Research Ethics & Compliance Office at Illinois State University at (309) 438- 2529.