

POLK STATE COLLEGE
Protection of Human Subjects

Consent Form

Title of Study:

Investigator(s):

The following informed consent is required for any person involved in research study. This study has been approved by the Institutional Review Board at Polk State College.

I understand that:

1. My participation is voluntary.
2. I may withdraw my consent and discontinue participation in this study (or any portion thereof) at any time without bearing any negative consequences. I will receive full credit for participation regardless of how much of the experiment I complete.
3. I have received a description of the procedures to be followed in the project, including answers to my questions and an explanation of potential risks and/or benefits of the study procedures.
4. All of the information from this study will be strictly confidential. No names will be associated with the data in any way. Providing my address to receive a report of this research upon its completion will also not compromise the anonymity of the data. I understand that the data will be stored in locked offices and will be accessible only to members of the researching group.
5. The results of this study will be made part of a final research report and may be used in papers submitted for publication or presented at professional conferences, but under no circumstances will my name or other identifying characteristics be included.

I have reviewed the procedures to be followed and hereby give my consent to participate in this research. I also agree not to discuss the purposes and procedures of this study with anyone in order that the integrity of this research is not compromised.

_____ Signature

_____ Print Name

_____ Date

Please send me a report on the group results of this research project upon its completion:

YES NO

Address to which the report should be sent: _____
