**Informed Consent Form**

You are being asked to participate in a research project conducted by [name of principal investigator], [faculty member/staff member/student] in the [discipline/department] at Columbus State University. [If this project is a student-led, provide the name of the faculty member supervising the study.]

**I. Purpose:**

The purpose of this project is to [provide a concise purpose of the study in lay terminology].

**II. Procedures:**

[List all intervention and data collection procedures in lay terminology, including the duration and anticipated time requirements for the participants. Indicate if there is a possibility that the data will be utilized for future research projects.]

**III. Possible Risks or Discomforts:**

[In lay terminology, list all possible risks or discomforts and the level of risks that results from participation. Include how these risks will be minimized by researchers.]

**IV. Potential Benefits:**

[In lay terminology, describe any anticipated or possible benefits to the participant and/or society. Clearly state if there are no benefits to the participant and/or society.]

**V. Costs and Compensation:**

[In lay terminology, list any compensation that participants will receive and/or any costs for participating. Clearly state if there is no compensation for the participants.]

**VI. Confidentiality:**

[In lay terminology, describe how the data will be de-identified, stored, and/or destroyed, who will access the data, and how it will be protected from unauthorized access.]

**VII. Withdrawal:**

Your participation in this research study is voluntary. You may withdraw from the study at any time, and your withdrawal will not involve penalty or loss of benefits.

For additional information about this research project, you may contact the Principal Investigator, [name of principal investigator] at [telephone number] or [CSU e-mail address]. If you have questions about your rights as a research participant, you may contact Columbus State University Institutional Review Board at irb@columbusstate.edu.

I have read this informed consent form. If I had any questions, they have been answered. By signing this form, I agree to participate in this research project. [If participation is dependent upon the participant being 18 years of age or older, you must include a statement here confirming the age.]

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 Signature of Participant Date

By signing below, I consent to my child's participation in this research project.

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Signature of Parental Guardian Date