

Consent Form
Drury University
INSERT Project Title
INSERT Researcher's name, Researcher

(Edit/insert information where you see italic print)

Abstract Describing Project: *Briefly describe (a) the project or study and (b) what human participants will experience during the proposed study or project.*

Voluntary Participation: *Specify the steps that will be taken to insure that each individual's participation is voluntary.*

Confidentiality of Data and Privacy Protection: *Describe the methods to be used to safeguard the privacy of your participants and ensure the confidentiality of data obtained, including plans for publication, disposition and destruction of data, including that of computer, print, videotape, and audio materials.*

Risks to Participants: *a) Describe any potential risks to participating individuals—physical, psychological, social, legal, or other; b) include all known and anticipated risks to the participants such as side effects, etc.*

Benefits: *Describe the benefits and/or any compensation that the participating individuals can expect*

This project has been reviewed and approved by the Drury University Institutional Review Board (IRB). The IRB has determined that the research procedures adequately safeguard the participant's privacy, welfare, civil liberties, and rights. The chair of the IRB may be reached at Drury University, 900 North Benton Avenue, Springfield, MO 65802. The telephone number is 417-873-6397.

I have read the material above, and any questions I asked have been answered to my satisfaction. I agree to participate in this activity, realizing that I may withdraw without penalty or prejudice at any time.

Signature of Participant

Date (mm/dd/yyyy)

Printed Name of Participant