Informed Consent Document*

Hi my name is [Name of researcher] and I am a [undergraduate student, graduate student, doctoral student, staff member, professor] at the University of North Florida. We are conducting a research study on [topic] in order to [purpose of study].

If you take part in my project, you will [describe all participant activity, such as complete a survey, take part in an interview]. We expect that participation in this study will take about [total duration of participation - length of time to take all surveys, complete interview, etc.] of your time. Your responses will be [anonymous or confidential]. Only authorized personnel will have access to your responses.

Although there are no direct benefits to or compensation for taking part in this study [if there are direct benefits or compensation, please adjust the text above], others may benefit from the information we learn from the results of this study. Additionally, there are no foreseeable risks for taking part in this project [if there foreseeable risks to participation, please adjust the text above to describe potential risks and how you will minimize those risks. You may also want to include contingency plan if the study depending on your study (e.g., access to UNF’s Counseling Center for student participants)].

Participation is voluntary and there are no penalties for deciding not to participate, skipping questions, or withdrawing your participation. You may choose not to participate in this research without negatively impacting your relationship with [list associated institutions or individuals (e.g., UNF, Mayo Clinic, the course instructor)].

If you have any questions or concerns about this project, please contact me [or my professor if appropriate]. A copy of this form will be given to you to keep for your records [for online studies where this is not possible, remind participants to print a copy of the consent form for their records].

If you have questions about your rights as a research participant or if you would like to contact someone about a research-related injury, please contact the chair of the UNF Institutional Review board by calling (904) 620-2498 or emailing irb@unf.edu.

Thank you for your consideration.

Sincerely,

John S. Student
Phone: 555-555-5555
Email: John.S@unf.edu

Jane S. Faculty
Phone: 555-555-5555
Email: Jane.S@unf.edu

I _______________________________ (print name) attest that I am at least 18 years of age and agree to take part in this research study.

Signature: _______________________________ Date: _______________________________

*This informed consent format is not a formal template but rather a guide to generating an informed consent document. Because an informed consent document is project specific, using this guide will not guarantee approval by the UNF IRB. Please see the Informed Consent Checklist and the Guidelines for Creating Informed Consent Document for more information. You can also contact a research integrity administrator by calling (904) 620-2455 or emailing IRB@unf.edu if you have questions.