**Informed Consent**

This is a sample Informed Consent form which includes standardized language. Bolded blanks have been provided to insert your project’s specific information. All other text may be edited to suit your needs.

A study of **BLANK** is being conducted at **UNIVERSITY NAME**. The purpose of the study is **BLANK** (e.g., to address future needs and enhancements to the Student Union).  
  
Plans for Participation   
You must be at least 18 years old or older to participate in the study. Your participation will involve the completion of one questionnaire, which contains questions about **BLANK**. Completion of the survey will require approximately **BLANK** minutes of your time.   
  
Voluntary Participation/Confidentiality   
Your participation in this study is voluntary and you may withdraw at any time. You do not have to answer any question you do not wish to answer. There are no foreseen risks or discomforts to you by involving yourself in this study. There is no direct benefit to you for participating in this study. Your responses will not be matched with your identity and will be anonymous, and your responses to the questionnaire will be used for research purposes only.   
  
Should you choose to participate, please indicate your consent. You may withdraw your consent at any time without penalty.   
  
Authorization: I have read the procedure described above. I voluntarily agree to participate in the procedure and I have read a copy of this description. I am aware that my responses will remain confidential and that I may decline to participate at any time.   
**By clicking next, you are consenting to participate in this study.**  
Any questions or concerns about your rights as a participant in this study, or other information, may be obtained by contacting:   
**CONTACT NAME**

**CONTACT PHONE NUMBER**

**CONTACT EMAIL ADDRESS**

If this project has received IRB approval, include this text:  
Any questions regarding your rights as a research participant can be directed to the **UNIVERSITY NAME’S** IRB Office at:   
**IRB ADDRESS  
IRB PHONE NUMBER**