



Sample Consent Form

The following is a sample of the basic information that should be included on a consent form. Your study may require additional components or more information. Sample text is indicated in **BOLD**; instructions are indicated in *ITALICS*.

Investigator:

**Department
Hall, Room
Lehman College/CUNY
Bronx, NY 10468
(718) 960-**

Institutional Contact:

**Lois Levy
IRB Administrator
Shuster Hall, Room 303
Lehman College/CUNY
Bronx, NY 10468
(718) 960-8107
lois.levy@lehman.cuny.edu**

Study Description:

Provide a brief summary describing:

- 1). *The purpose of the study*
- 2). *(If subjects were selected by the researcher) how their names were selected and why they are of special interest*
- 3). *What they will be asked to do*

State: **This session will take about _____ minutes/hours to complete.**

If payment or other compensation is being offered, state: **You will be paid \$ _____ or given _____ in order to compensate you for your time.**

Your Rights, Privacy and Welfare:

- 1). *Include a statement about how subject confidentiality will be maintained in your study. For example, if appropriate, you might include:*

In order to ensure that your answers will remain confidential, please do not put your name on the questionnaire you receive. That way no one, including the research staff, will know how you as an individual answered. Questionnaires will only be identified by anonymous subject numbers. No one will see the completed questionnaires except for members of the research team. Participants will not be identified by name in any published report.

- 2). **You are free to withdraw your consent and to discontinue participating in this study at any time. You do not have to answer any questions that you prefer not to answer. The \$ _____ or other incentive is yours to keep regardless.**
- 3). **Your decision to participate or refusal to participate will not in any way affect your grades in any class/your access to services from any agency/your job status/your standing in the college.**
- 4). **If you have any questions or concerns about this study or your rights as a participant please contact the principal investigator or the institutional contact person at the addresses and telephone numbers above.**

I have read this consent form and I understand the procedure to be used in this study. I freely and voluntarily choose to participate. I understand that I may discontinue my participation at any time without penalty.

Name (printed): _____

Signature: _____ Date: _____