



**HOUSATONIC COMMUNITY COLLEGE  
INSTITUTIONAL REVIEW BOARD (IRB)  
INFORMED CONSENT FORM**

***(TITLE OF STUDY)***

I, \_\_\_\_\_ agree to participate in the *(title of study)* conducted by the *(auspices of researchers and organizational affiliation)*. I understand this project is studying *(purpose of study)*.

As part of my participation in this study, I understand *(what will occur within the research session)* and that the researchers *(any other access the researcher will have during the study period)*. My part of the study involves *(time commitment)*. *(If appropriate include sentences re: compensation to participant and need to keep researchers informed of any changes in name, address or phone number.)* I understand that I may not receive any direct benefit from my participation in this study.

I understand my participation is completely voluntary and that I may withdraw at any time from this study. I also understand that some people may find it troubling to participate in some or all of the research activities required and that I may decline to participate in any portions with which make he/she feel uncomfortable. The contact phone number for Housatonic Community College's Counseling Center is 1-203-332-5097 and they are located in Lafayette Hall Room A108 and they may be contacted to discuss any psychological issues that have arisen out of participating in the previously described research.

I understand the risks and benefits are *(describe. Must be identical to those listed in the Project Summary)*.

I understand that my name or identity will not be used in reports or presentations of the findings of this research. The information provided to the researchers will be kept confidential with the exception of information, which must be reported under Connecticut's law.

I have read and understand this information and agree to participate in this study. I will be offered a copy of this form to keep. In addition, I certify that by signing this document that I as the undersigned participant am 18 years of age and am legally able to agree to be in the previously described study.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty/Administrator/Investigator's Signature \_\_\_\_\_ Date \_\_\_\_\_



### **Institutional Review Board**

For questions or concerns about the research, please contact (*Name of principal investigator and phone number*). For concerns about your treatment as a research participant, contact the Institutional Review Board (IRB), Chair Michael Amico, 1-203-332-5163, Beacon Hall 256, Housatonic Community College, 900 Lafayette Blvd, Bridgeport, CT 06604.

Revised 5/2010