**INFORMED CONSENT FORM**

PRINCIPLE INVESTIGATOR: [Name Name]\_\_\_\_\_\_\_\_\_ PHONE: [XXX-XXX-XXXX]\_\_\_\_\_

You are being asked to volunteer in a research study, ***[Title of Research Study].***

The purpose of this study is to [purpose]. You are eligible for this study if you are [Eligibility Requirements]. If you choose to participate, you will be one of about [X] participants.

If you decide to participate, you will be asked [description of tasks] a series of questions about yourself and your thoughts and feelings. Participation in this study will take no longer than [time estimate].

There are no known risks associated with your participation in this study [OR: The risks of this study include…]. If at any time you do not wish to continue, you may stop without penalty. In addition, the services of the Glenville State University Counseling Center (206C Physical Education Building, 304-462-6432) are available to all full-time Glenville State University students.

There are no direct benefit expected as the result of you being in this study [OR: The benefits of this study to the participant include…]. Your participation will benefit the researcher in [ways the research is beneficial].

Your participation is entirely voluntary. You do not have to participate in this study. If you choose not to participate, you may discontinue your participation at any time.

All information about your responses will remain confidential. We will not show your responses to anyone outside of our research team unless you give us written permission. Your responses will never be linked to your name and will be recorded by assigned numbers only. If any papers and talks are given about this research, only group/aggregate data will be used. The data collected will be saved in a password protected file, only accessible by the principal investigator. The data will be securely maintained for X years before being deleted.

If you have any questions, concerns, or complaints about the study, you may [PI Contact Info]. Any concerns about these procedures may be directed to Dr. Josh Squires, Chairperson of the Institutional Review Board at Glenville State University (IRB@glenville.edu or 304-462-6275).

By clicking on the button below to advance to the next screen, you indicate that you have read and understand the information given in this consent document and that you would like to be a volunteer in this study.