**INFORMED CONSENT**

# *(TITLE of STUDY)*

You are invited to participate in a research study which will involve (STUDY DESCRIPTION). Our names are \_\_\_\_\_\_\_ and \_\_\_\_\_\_\_, and we are students at California State University, Sacramento, Psychology Department. The purpose of this research is to (DESCRIBE PURPOSE).

If you decide to participate, you will be asked to (DESCRIBE PROCEDURES). Your participation in this study will last (DURATION) and will take place in (IDENTIFY).

You will receive \_\_\_\_\_\_\_\_ hour(s) of credit toward satisfying the Psychology Department’s research participation requirement by participating in this research.

The risks associated with this study are not anticipated to be greater than those risks encountered in daily life. However, this research may involve the following risks.

(Brief description of any potential risks to participants.)

This research may have the following benefits:

(Brief description of direct benefits to participants from their participation and to the CSUS community. Because this class project cannot be disseminated outside of the University you cannot make claims to broader scientific knowledge.)

Your participation in this project is voluntary. You have the right not to participate at all or to leave the study at any time. You may discontinue your participation at any time without any penalty other than loss of research credit. The investigator may discontinue your participation at any time.

**(Include the following statement if the research consists of any type of deception.)**

Although the researcher may need to avoid a complete description of the procedures at this time, you are entitled to a full explanation after the research. There are some benefits to this research, particularly that (state benefits to subjects or society, most research does not result in direct benefits to the participant).

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Measures to insure your confidentiality are (describe CONFIDENTIALITY PROTECTIONS). The data obtained will be maintained in a safe, locked location for a period of (THREE YEARS MINIMUM) years after the study is completed.

If you have any questions about the research at any time, please contact me at(YOUR INFO or Advisor name & contact info). If you have any questions about your rights as a participant in a research project please call the Office of Research Affairs, California State University, Sacramento, (916) 278-5674, or email irb@csus.edu

Your participation indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. Please keep this form as your copy.