**Example Informed Consent for Adult Participants**

You are invited to participate in the research project entitled “\_\_\_\_\_\_\_\_\_\_\_\_” conducted by \_\_\_\_\_\_\_\_\_\_ of the \_\_\_\_\_\_\_\_ Department at the College of Saint Rose. You must be at least 18 years old to participate.

During the time that you participate in this study, you will be asked to describe procedure of study and what participants will be asked to do. The study will take approximately \_\_\_ minutes to complete.

There are no known risks or discomforts associated with this research. If you do not feel comfortable answering a question during the session, you can choose not to respond. Your participation is voluntary. You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigator or the College of Saint Rose. Your refusal to participate will involve no penalty to you or loss of any benefits to which you are otherwise entitled. You may also skip any questions that you do not wish to answer without penalty.

Knowledge generated through this study will help researchers to better understand how people think about information topic of study. Such knowledge can describe the outside benefits of the study.

The results of this study may be published, but your name and identity will not be revealed and all of the data and information collected from you will remain anonymous –or –confidential (depending on data collection procedure). All data will be identified with numbers that have no links to you as a research participant and will be kept in location of data for a period of \_\_\_\_\_ after which it will be destroyed.  Describe how data will be kept either confidential or anonymous.

If at any time you have questions about the procedure in this project, you may contact researcher name at \_\_\_\_\_\_@strose.edu.

If you consent to participate in the study, please sign on the line below. If you have any questions, please ask the researcher. If you would like a copy of this consent form, please ask the researcher for a copy.

Signature of Participant Please Print Name Date

**\*\*If audio recording will be part of the data collection procedure this needs to be part of the Informed Consent**

I agree to let name of researcher videotape / audiotape me. I understand that name of researcher is trying to learn more about purpose of study. I understand that I can choose to not participate at any time, even if I already started, and it will have nothing to do with my grade or studies. I understand that anything that name of researcher watches / records / hears/ etc. is just for him/her to learn more about describe the purpose of study. No one at the College of Saint Rose except list people who will review data will know what information he/she gathers. Name of researcher can write about me and other participants for his/her study, but he/she will not use names or any other information that could identify them.