

Illinois Central College Student/Staff Consent Form



Illinois Central College
One College Drive
East Peoria, IL 61635

Consent Form
Illinois Central College Students/Staff Members

I am 18 years of age or older, and agree to participate in the research project titled _____ . It is being conducted by _____. I have been informed the purpose of the study is:

I am aware that my participation is voluntary and may be withdrawn at any time without penalty or prejudice, and that if I have any additional questions concerning this study, I may contact researcher _____ or faculty advisor, _____.

I understand that if I have any questions about my rights as a research subject, I can contact the Illinois Central College Institutional Review Board Office at 694 – 5754.

I understand the intended benefits of this study are significant because _____

I understand I will be asked to _____

_____.

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I have been informed of foreseeable risks and/or discomforts I could potentially experience during this study. I understand that all information gathered during this experiment will be kept confidential.

I have been informed of the timeline for this study.

I understand that my consent to participate in this project does not constitute a waiver of any legal rights to redress I might have as a result of my participation, and acknowledge that I have received a copy of this consent form.

Signature

Date

Name (please print)

College (please print)