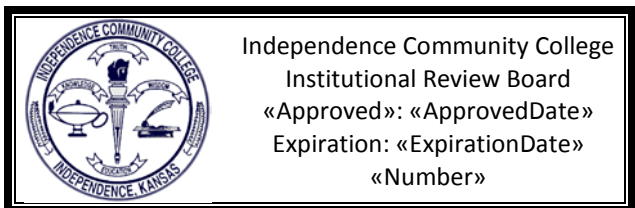


INSTRUCTIONS FOR USE OF THIS TEMPLATE: Use this template to create your own Consent Cover Letter.

- Delete all instructions in red text and insert your own text where indicated.
- Do not delete wording in *black text*
- Do not adjust the bottom margin or use the footer.

DEBORAH A. PHELPS
DIRECTOR OF INSTITUTIONAL RESEARCH
Version: August 2014



Consent and Authorization Cover Letter

Title of Study

I. Purpose and/or Goal of the Study

State the purpose, goals, and rationale for the study here. Please contact the IRB immediately if a participant is an English as a second language speaker.

II. Procedure for the Study

This section informs the participant about what they will have to do and what they will experience in the study. Describe all procedures/interventions in a common, or lay, language. Use simple terms and short sentences. If there are any risks or benefits to the participant, please state them here. Include a statement describing the extent and procedures used to maintain the confidentiality of records and data pertaining to the participant; clearly state how you will protect both the privacy of the participant and if appropriate, their educational records..

If you have any questions and/or complaints or if you feel you have been harmed by this research please contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The Independence Community College IRB may be reached by phone at (620) 332-5419 or by e-mail at irb@indycc.edu.

It should take *state amount of time required to complete the study* to be in this study. Participation in this study is voluntary. If you choose not to take part, all classroom data collected and associated with you will not be included in the study.

III. Authorization for Use of Your Information

Participating in this study means you allow us, the researchers in this study, and others working with us to use the collected information for this research study. You can choose whether or not you will participate; however, in order to participate you have to agree to participate according to the instructions using the consent and authorization form.

This is the information we will use:

Please list the types of information to be collected in a bulleted list here

Others who will have access to your information for this research project are the College's Institutional Review Board (the committee that oversees research studying people) and authorized members of the *<< insert the name(s) of any other groups or individuals outside the College who will have access to the collected information. If there are no researchers outside the College, please delete the words, "and authorized members of the" from the previous sentence and the wording following these instructions >>* who will utilize the collected information for the following purpose(s):

Please list how others outside the College will utilize the collected information in a bulleted list here

DEBORAH A. PHELPS
DIRECTOR OF INSTITUTIONAL RESEARCH
Version: August 2014



Independence Community College
Institutional Review Board
«Approved»: «ApprovedDate»
Expiration: «ExpirationDate»
«Number»

In conducting this study, we may share the results of this study in the following manner:

Please list any publications, etc. the information will be used for/at.

You may revoke this authorization. **This must be done in writing.** You must either give your revocation in person to the Principal Investigator or a member of the Institutional Review Board, or mail it to Deborah A. Phelps, Director of Institutional Research, Independence Community College, 1057 W. College Avenue, Independence, KS 67301. If you revoke this authorization, we will not be able to collect new information about you, and you will be withdrawn from the research study. However, we can continue to use information we have already started to use in our research, as needed to maintain the integrity of the research. Refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled.

This authorization lasts until this study is finished *Please enter the ending date for this study here.*

Person(s) to Contact

If you have questions, complaints, or concerns about this study, you may contact the Principal Investigator or any member of the ICC Institutional Review Board at any time.

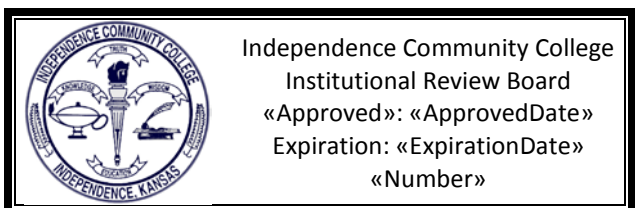
Principal Investigator: *Enter researcher name and contact information here*

Independence Community College Institutional Review Board

- Deborah A. Phelps, Director of Institutional Research, 620-332-5419 or dphelps@indycc.edu
- Denise Clark, Institutional Research Assistant, 620-332-5498 or dclark@indycc.edu
- David Smith, Dean of Instruction, 620-332-5403 or dsmith@indycc.edu
- Sonja Conley, Registrar, 620-332-5430 or sconley@indycc.edu

Please conclude with a statement which expresses appreciation for participation.

DEBORAH A. PHELPS
DIRECTOR OF INSTITUTIONAL RESEARCH
Version: August 2014



CONSENT

By signing this consent form, I confirm I have read the information in this consent form and have had the opportunity to ask questions. I will be given a signed copy of this consent form. I voluntarily agree to take part in this study.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Person Obtaining Consent

Signature of Person Obtaining Consent

Date

Please determine beforehand if a participant will require a witness statement. A witness signature block may be inserted here if required by the sponsor or it appropriate for the participant population. Sample witness signature statements are included below. Delete this section if you do not plan to use a witness to the consent process/signature.


WITNESS STATEMENT:

The participant was unable to read or sign this consent form because of the following reason:

- The participant is illiterate
- The participant is visually impaired
- The participant is physically unable to sign the consent form. Please describe:

Other (please specify):

DEBORAH A. PHELPS
DIRECTOR OF INSTITUTIONAL RESEARCH
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	Institutional Review Board
	«Approved»: «ApprovedDate»
	Expiration: «ExpirationDate» «Number»

I confirm that I was present as a witness for the consent process for this study. I confirm that the participant named above was read the information in the consent document and that the participant has agreed to take part in the research study.

Name of Witness

Signature of Witness

Date

DEBORAH A. PHELPS
DIRECTOR OF INSTITUTIONAL RESEARCH
Version: August 2014

