Dear: [Recipient’s name]:

My name is [Researcher’s name]. I am a [professor or graduate student under the direction of (faculty advisor)] at California State University, Fullerton.

[The Study]: I am conducting a study to [explain purpose (i.e., thesis research)] in one or two paragraphs - if you are asking participants to complete a questionnaire inform them of the nature of questions and any risks involved.

[Risks/Benefits]: Your participation will involve [explain time required for activity and any other directions as needed. Include a brief description of any benefit and/or justification to be derived from the work.

[If needed, provide additional information as it relates to instances of risks, stress or known discomforts (physical, psychological, social or legal) as a result of a participant’s involvement in your study (i.e., you do not have to answer any questions that make you uncomfortable….)]

[Confidentiality]: Explain how and where study results will be kept (i.e., results of this study may be published but no names or identifying information will be included for publication; results will be reported in group format, etc.) Research records will be kept confidential to the extent allowed by law. You should also state where data will be stored and when destroyed (i.e., data will be kept for three years in a locked filing cabinet with only the researcher having access to collected data.)

[Right to Refuse]: Your participation is voluntary and you are free to withdraw from participation at any time without suffering penalty or loss of benefits or services you may otherwise be entitled to. Note: if you are offering compensation for participation this must be clarified (i.e., will participants still be entitled to compensation if they withdraw from participation early or do not participate at all.)

[Provide Contact Information]: If you have additional questions please contact [provide contact information – graduate students also list your faculty advisor’s contact information]. If you have questions about the rights of human research participants contact the CSUF IRB Office at (657) 278-7640 or irb@fullerton.edu.

[Conflict of Interest]: Researchers should state whether or not they have financial (or otherwise) conflict of interest relating to results of this study. The purpose of this requirement is to ensure that the design, conduct and reporting of the research will not be affected by any conflicting interests.

[Consent Clause]: I have carefully read and/or I have had the terms used in this consent form and their significance explained to me. By signing below, I agree that I am at least 18 years of age and agree to participate in this project.

Participant’s Name: _________________________  Signature: ____________________________