

**EXAMPLE**  
**INFORMED CONSENT STATEMENT**

Title of Project

**INTRODUCTION**

The Department of \_\_\_\_\_ at Austin Peay State University supports the practice of protection for human subjects participating in research. The following information is provided to help you decide whether you wish to participate in the present study. You retain the right to refuse to sign this form and not participate in this study. You should be aware that even if you consent to participate in this study, you may withdraw from this study at any time without consequence. If you choose to withdraw from this study, it will not affect your relationship with this department, the services it may provide to you, or Austin Peay State University.

**PURPOSE**

The purpose of this study is to . . . .

**PROCEDURES**

You will be asked to . . . . The approximate time required for completion is. . . .

**RISKS**

(Describe possible risks)

**BENEFITS**

(Describe possible benefits of participating)

**COMPENSATION**

(Describe any compensation that will be provided by participating)

**PARTICIPANT CONFIDENTIALITY**

(Describe how confidentiality will be maintained)

**REFUSAL TO SIGN CONSENT**

You are not required to sign this Consent form and you may refuse to do so without affecting your right to participate in any programs or events of Austin Peay State University or any services you are receiving or may receive from Austin Peay State University. However, if you refuse to sign, you cannot participate in this study.

**CANCELLING THIS CONSENT**

You may withdraw your consent to participate in this study at any time. If you choose to withdraw from the study before data collection is completed, any collected data will be destroyed and not used.

**QUESTIONS ABOUT PARTICIPATION**

If you have any questions about the procedures, you may direct them to the principal investigator,  
(Investigator's name)

**CONSENT**

I have read the above information and received a copy of this form. I have had the opportunity to ask questions regarding my participation in this study. I agree to take part in this study as a research participant.

By my signature I affirm that I am at least 18 years old and a student at Austin Peay State University.

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Print Participant's Name                      Date

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Participant's Signature                      Date

**RESEARCHER CONTACT INFORMATION**

(Provide contact information for principal investigator and faculty advisor if student research.)

**IRB Contact Information**

**Dr. Brandon Di Paolo**  
**Harrison, Chair**

**Kelly Pitts, IRB Assistant**

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