Confidential Online Survey Consent Form

*for surveys that present no more than minimal risk where the participant may provide identifiable information or are known to the researchers*

You are being invited to participate in a research study titled ***[“Name of your study”]***. This study is being done by ***[Name of Researcher(s)]*** from The Evergreen State College. You were selected to participate in this study because ***[insert inclusion criteria]***.

The purpose of this research study is ***[provide participants with a clear and accurate statement of the purpose and objectives of the research, use lay terms, do not repeat the study title].*** If you agree to take part in this study, you will be asked to complete an online survey/questionnaire. This survey/questionnaire will ask about ***[insert topic of questions]*** and it will take you approximately ***[XX]*** minutes to complete.

You may not directly benefit from this research; however, we hope that your participation in the study may ***[describe societal benefits]***.

Risks to you are minimal and are likely to be no more than mild discomfort with sharing your opinion. To the best of our ability your answers in this study will remain confidential. With any online related activity, however, the risk of a breach of confidentiality is always possible. We will minimize any risks by ***[describe how confidentiality will be secured, maintained, and how data will be disposed of].***

Your participation in this study is completely voluntary and you can withdraw at any time. You are free to skip any question that you choose.

If you have questions about this project or if you have a research-related problem, you may contact the researcher(s), ***[insert name(s) and phone number(s) email)]***. If you have any questions concerning your rights as a research subject, or you experience problems as a result of participating in this research project, you may contact John McLain, IRB Administrator at The Evergreen State College at 360.867.6045 or [irb@evergreen.edu](mailto:irb@evergreen.edu).

By clicking “I agree” below you are indicating that you are at least 18 years old, have read and understood this consent form and agree to participate in this research study. Please print a copy of this page for your records.

I Do Not Agree

I Agree

Anonymous Online Survey Consent Form

*for surveys that present no more than minimal risk where the participants provide no identifiable information and are unknown to the researchers*

You are being invited to participate in a research study titled ***[“Name of your study”]***. This study is being done by ***[Name of Researcher(s)]*** from The Evergreen State College.

The purpose of this research study is ***[provide participants with a clear and accurate statement of the purpose and objectives of the research, use lay terms, do not repeat the study title].*** If you agree to take part in this study, you will be asked to complete an online survey/questionnaire. This survey/questionnaire will ask about ***[insert topic of questions]*** and it will take you approximately ***[XX]*** minutes to complete.

You may not directly benefit from this research; however, we hope that your participation in the study may ***[describe societal benefits]***.

Risks to you are minimal and are likely to be no more than mild discomfort with sharing your opinion. The survey will not collect information that could be linked to you personally. To the best of our ability your answers in this study will remain anonymous. With any online related activity, however, the risk of a breach of confidentiality is always possible. We will minimize any risks by ***[describe how anonymity will be secured, maintained, and how data will be disposed of].***

Your participation in this study is completely voluntary and you can withdraw at any time. You are free to skip any question that you choose.

If you have questions about this project or if you have a research-related problem, you may contact the researcher(s), ***[insert name(s) and phone number(s)]***. If you have any questions concerning your rights as a research subject, or you experience problems as a result of participating in this research project, you may contact John McLain, IRB Administrator at The Evergreen State College at 360.867.6045 or irb@evergreen.edu

By clicking “I agree” below you are indicating that you are at least 18 years old, have read and understood this consent form and agree to participate in this research study. Please print a copy of this page for your records.

I Do Not Agree

I Agree