

DENISON UNIVERSITY CONSENT FORM

My signature on this form confirms that I voluntarily agree to participate in the following survey/research:

Title of Research:

Researcher:

Department:

My signature confirms the following:

1. My participation is voluntary. I understand that I may refuse to participate in this study, not respond to individual questions, or discontinue my participation at any point.
2. I have been assured of confidentiality or anonymity unless I have otherwise given permission to the researcher to be quoted or identified.
3. The overall purpose and uses of the study have been explained to me as indicated below and I have been informed that a fuller debriefing will be made available to me.

[Here the researcher should provide a clear statement describing the overall purpose of this research]

Signature_____ Date_____

(Please note: in the case of minors, the signature of a parent or guardian is needed.)