

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH

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Participant Age:	Participant Preferred Method of	Contact:
different groups and organizati	viewed at a time and place of your	ter understand what life is like for you.
on the recording by the researc pseudonym. Additionally, your secured, password protected h Additionally, voice recordings w this Form, you consent to the u	cher, and you will be assigned a un interview, transcription and other ard drives or in locked filing cabine will be erased three years after pubuse of any or all of the quotes or infaulting research reports, in all form	information collected will be stored in
you may still decide to stop and in loss of benefits to which you opportunity to ask any question copy of this form will be given to selection or treatment as a rese	d withdraw at any time. Your decisi are otherwise entitled. Having rea ns, please sign below if you would	like to participate in this research. A e. If you have any concerns about your ne Office of Human Resources for
Subject Signature*	Printed Name	Date

Participant Phone: ______ Participant E-mail: _____

^{*}The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity enforceability and admissibility.