

[University of New Orleans letterhead]

MODEL FORM

LETTER OF CONSENT FOR ADULTS

(Typically used for studies that would not exceed minimal risk or for studies that would qualify for exempt status)

Dear _____:

I am a professor [a graduate student under the direction of Professor _____] in the Department/Division/College of _____ at the University of New Orleans. I am conducting a research study to (state purpose of study).

I am requesting your participation, which will involve _____.
(Include the expected duration of the subject's participation). Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty, (it will not affect your grade, treatment/care, **whichever applies - select only one**). The results of the research study may be published, but your name will not be used.

Although there may be no direct benefit to you, the possible benefit of your participation is _____.

If you have any questions concerning the research study, please call me [or Dr. ____] at () ____-_____.

Sincerely,

(Researcher's name)

By signing below you are giving consent to participate in the above study.
(Release statement for videotaping or relinquishing confidentiality must be inserted here if applicable.)

Signature

Printed Name

Date

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, please contact Dr. Roberto Refinetti at the University of New Orleans (504) 280-7481.