

**Note: The Consent Form MUST be Placed on WSU Departmental Letterhead**

**Consent Form for studies that have received a Title IX Reporting Exception**

*(If your study has multiple consent forms, give them each a name e.g. Parent Consent Form or Interview Consent Form)*

**Purpose:** You are invited to participate in a research study of *(State what is being studied)*. I/we hope to learn *(State what the study is designed to discover or establish)*.

**Participant Selection:** You were selected as a possible participant in this study because *(State why and how subject was selected; identify the population)*. Approximately *X* number of participants will be invited to join the study.

**Explanation of Procedures:** If you decide to participate, you will *(Describe the procedures to be followed, including their purposes, how long they will take, and their frequency)*. Provide 1-2 sample questions if a focus group or individual interview).

**Discomfort/Risks:** *(Describe any risks, discomforts and inconveniences that may be reasonably be expected. It cannot be assumed that no risks are expected)*. If no anticipated risks, include a statement such as “There are no anticipated risks associated with participating in this study. However, if you feel uncomfortable with a question, you may skip it.”

*If the study could potentially cause emotional or psychological distress, please include the following or insert other appropriate counseling options:* If at any point you feel too distressed to continue the study, please inform the researcher and you may discontinue your participation without penalty. If the distress continues after you discontinue or finish participation, you may wish to contact the Wichita State University Counseling and Prevention Services. They are located in The Student Wellness Center, phone number (316)-978-4SWC, email [Annette.Santiago@wichita.edu](mailto:Annette.Santiago@wichita.edu).

**Benefits:** *(Describe any benefits to subjects or society that may be reasonably be expected)*.

**Confidentiality:** Every effort will be made to keep your study-related information confidential. However, in order to make sure the study is done properly and safely there may be circumstances where this information must be released. By signing this form, you are giving the research team permission to share information about you with the following groups:

Office for Human Research Protections or other federal, state, or international regulatory agencies;  
The Wichita State University Institutional Review Board;  
*(If applicable, otherwise delete this bullet)* The sponsor or agency supporting the study –  
*Sponsor Name*

I also may be required by law to report certain information to government and/or law enforcement officials (for example, child abuse, threatened violence against self or others, or hazing). If I believe that such a report is required, I will follow the guidance of the WSU Institutional Review Board for the Protection of Human Subjects in Research in making any





You are not giving up any legal rights by signing this form. You will be given a copy of this consent form to keep.

\_\_\_\_\_  
Printed Name of Subject

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date