ORAL CONSENT FORM - To Be Read to Each Participant

"My name is (INSERT NAME) and I am a student at Hampshire College in Amherst MA. I would like to invite you to take part in my research study, "TITLE". I will describe the study, as well as your rights as a participant."

Description: "This study will (INSERT YOUR DESCRIPTION—State the purpose of your study; State what you will be doing. State how you will be doing it, how long it will take.)"

Confidentiality: "The records of this study will be kept private. The information you provide will be kept confidential. Your answers will not be associated with your name unless you clearly indicate you agree to have us use your name. Rather, each participant will be given an identification number on the interviewer's sheet. In any report we may publish, your information will not include any identifiable data. The audio/videotape of your participation will be destroyed after it has been transcribed. All identifying records will be destroyed after five years."

DO YOU AGREE TO LET THE RESEARCHERS:

Use your real name used in this research and any publications that result from the research?

CONSENT WAS _____GRANTED/_____DENIED

Agree to have your interview audio recorded by the researcher?

CONSENT WAS _____GRANTED/_____DENIED

Agree to have your interview video recorded by the researcher?

CONSENT WAS _____GRANTED/_____DENIED

Understand that research consented to may be published and available to the public indefinitely.

_____Check here if the participant indicated they understood this will be public.

Risks & Benefits: "There are minimal to no risks to your safety posed by this study. If you ever feel uncomfortable during the study, you may stop at any time. Should local support be needed, I will provide you with contact information for local support groups who can assist you."

Freedom to Withdraw or Refuse Participation: "You have the right to stop at any time, to refuse to answer any of the interviewer's questions at any time, and to withdraw from the project at any time without prejudice from the investigator."

Grievance Procedure: "If you have any concerns or are dissatisfied with any aspect of this study, you may report your grievances anonymously if desired to the Human Subjects Institutional Review Board, c/o Dean of Faculty Office, Hampshire College, Amherst, MA 01002, 413-559-5676, IRB@hampshire.edu. I can give you a card with this information, if you prefer."

Questions? "Please feel free to ask me any questions before signing off on the consent form or at any time during or after the study.

Informed Consent Statement

"Now that I have explained the study to you, and answered any questions to your satisfaction, I would like to remind you that you have the right to withdraw from participating, or to refuse to participate. This right will be respected, and your responses and identity will be kept confidential, unless you have already indicated otherwise. Do you voluntarily agree to participate in the research project titled, ("PROJECT TITLE")?

CONSENT WAS _____GRANTED/_____DENIED

I,(INSERT YOUR NAME), certify as the research investigator, that I have discussed the study and the participants rights as described above, and have obtained oral consent for their participation.

Investigator Signature:

_____ _____

Signature *Date*

Principal Investigator: [Student/Faculty Name], [Division X student], Hampshire College; Faculty Supervisor: [Faculty Name], [School of YYYY], [Office Number], [Building], Hampshire College, [(413) 559-xxxx].