Sample informed consent form.

Change details to fit your project and procedures.

**Informed Consent Form**

I am an undergraduate student in the Political Science Program at Kalamazoo College in Kalamazoo, MI, and I am doing research about *[describe your research in a brief sentence]*. Would you help me by allowing me to interview you?

The interview will last approximately an hour, and will be recorded. I will use the interview information to write and present my senior thesis at Kalamazoo College. The tapes will be transcribed into written format. Tapes and transcriptions will be kept confidential and the recordings will be deleted after transcription. Except for myself and my faculty advisor, no individual will have access to the transcripts and data. Your contribution will be valuable in *[describe in a brief sentence]*.

I also plan to quote and present parts of my interviews within my senior thesis and in an oral presentation at Kalamazoo College. However, if I include any quotes or summaries of the information you provide in your interview, I will refer to you with a pseudonym. I will not release your name or any other identifying information that would allow the quote to be traced back to you.

Your participation is voluntary. Please share only what you are comfortable with sharing. You may decline to participate, or you may choose not to answer any particular question that I ask. If you change your mind about participating, you may stop the interview at any time.

Please feel free to contact me or my advisor if you have any questions, concerns or comments about the project. If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), contact the Institutional Review Board for Research with Human Subjects at Kalamazoo College, c/o Provost Office, Kalamazoo College, 1200 Academy Street, Kalamazoo, MI; telephone (269) 337-7162.

Thank you!

Buzz Hornet Faculty advisor: Professor Name

buzz.hornet@kzoo.edu firstname.lastname@kzoo.edu

**Statement of consent:**

\_\_\_\_\_ I have read the above information. I have asked questions and have received answers. I consent to participate in the study as described.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_