

Informed Consent Form

I, _____, have read the attached letter describing a study to be conducted
name of participant
under the auspices of Bates College, Lewiston, Maine, Department of _____, to be
conducted by _____ .
name of researcher

I hereby consent to the participation in this study.

I understand that I am free to discontinue my participation at any time without suffering any
disadvantage.

I also understand that the findings of the study will be interpreted and recorded only on a group
basis with no identification of specific individuals. All information about individuals will be held
in confidence, to the extent permitted by law.

I understand that some aspects of the study's purpose may be withheld from me until its end.
However, I also understand that at that time, I have a right to a complete explanation of the
nature and purpose of the study. If I have any questions or wish further information about the
study, I understand that I may call _____ at _____ .
name of researcher telephone number

I further understand that if I have additional questions that may not be answered by the
researcher, I may call his/her advisor, _____ at _____ ,
name of advisor telephone number
or the chair of the Department of _____ .

In addition to consent to participation, my signature confirms that I have received a copy of this
consent form together with any attachments which describe the research to be conducted.

Signature of research participant

Dated