

HWS DRAFT
Sample Informed Consent Form

I freely and voluntarily consent to be a participant in this research project conducted through the yyyy-yyyy academic year. I understand I will be one of 300 people participating in this research and that I will receive \$10.00 for my participation. I have been told this study will last approximately 30 minutes.

I understand that the purpose of this research is to examine adults' attitudes toward legal testimony. To this aim, I will be asked to fill out surveys and read a transcript of either a robbery or sexual battery trial. I understand that the sexual battery trial transcript may contain graphic language and that I am free to discontinue my participation at any time without forfeiting my \$10.00 compensation.

I understand that all my responses will be confidential and that only Dr. xxxxx and her research assistants will have access to these data. The data will be used over the next three years although they will be retained indefinitely for our records. I further understand that information from all the participants will be grouped together to provide general information about adults' attitudes.

I have been told that I am free to ask questions concerning the procedure. I understand that if I would like more information about this research, I can contact Dr. xxx xxx, Assistant Professor of Psychology at 443-0000. Any inquiries regarding concerns about the subject's rights or any other aspect of the research as it relates to his/her participation as a subject can be directed to Hobart and William Smith Colleges Committee for the protection of Human Subjects in Research. Inquiries may be directed to:

IRB Chairperson
Provost's Office
Hobart and William Smith Colleges
Geneva, NY 14456

I have read and I understand the above. I have been offered a copy of this informed consent form.

Participant's Signature

Date

Participant's Printed Name

I have explained and defined in detail the research procedure in which the participant has agreed to participate, and have offered the participant a copy of this informed consent form.

Investigator's (or Research Assistant's) Signature

Date

Investigator's (or Research Assistant's) Printed Name