

**THE UNIVERSITY OF CHICAGO**  
**[Department]**  
**[Name of researchers]**  
**Consent document**

We are asking you to participate in a research study. Please read the information below and feel free to ask any questions that you may have.

**A. Project Description**

1. In this study, you will [describe tasks/procedures that the subject will be engaging in. If you will be asking any personal or sensitive questions, state as much here.]
2. The estimated time to complete this study is approximately [add expected time].
3. The research is being conducted with the goal of publication in [e.g. academic journal, book] and possibly presentation at academic conferences.
4. [Include any other additional information about the project and data collection here. For example, if you will be sharing the information with other researchers or putting data in public archives.]
5. [If subjects will be compensated, state the amount and terms of compensation. If payments will be prorated if a subject withdraws from the study, state the terms.]

**B. Risks and Benefits**

Your participation in this study does not involve any physical risk or emotional risk to you beyond the risks of daily life. [If risks are greater than previously described, please state those risks here.] You have the right to withdraw your consent or discontinue participation at any time for any reason. Your decision to withdraw will not involve any penalty or loss of benefits to which you are entitled. The benefits of this study include [state any potential direct benefits to subjects here.]

**C. Confidentiality**

[State conditions for confidentiality of data here. For example, 'Your name or other identifiers will not be attached to your answers so that your confidentiality can be maintained. Your privacy will be ensured in that all data resulting from this study will be analyzed, written, and published in aggregate form.']

**D. Contact Information**

- 1) If you have any questions or concerns about the research you may contact [list researcher's contact information, including name, mailing address, telephone number, and email address].
- 2) If you have any questions about your rights as a participant in this research, you can contact the following office at the University of Chicago:  
Social & Behavioral Sciences Institutional Review Board  
University of Chicago  
5835 South Kimbark - Judd 333  
Chicago, Illinois 60637  
Phone: (773) 834-7835, Fax: (773) 834-8700  
Email: sbsirbwise@listhost.uchicago.edu

**E. Subjects rights**

Your participation is voluntary and refusal to participate does not involve any penalty. You may discontinue participation at any time without penalty. A copy of this consent document is available to you for your records if you so choose.

Do you have any questions about the above information? Do you wish to participate in this study? [If written consent is required, please add a line below for the subject to sign and date.]