**Sample Information Sheet**

[*Should be about ½ paragraph in length and all italicized areas should be completed by the researcher.]*

You are being asked to participate in a research study determined to be exempt from IRB review by the University of La Verne IRB and conducted by [*insert names and degrees of all investigators*], from the [*insert department and college affiliation*] at the University of La Verne. [*If researcher or PI is a student, indicate that results will be contribute to senior project, thesis or dissertation.*] You may participate in this research study if you are currently residing in the US [*change this if your study includes participants beyond the United States*], [*explain succinctly and simply the rest of the reasons why the prospective participant is eligible to participate (i.e., inclusion criteria)].*

If you decide to participate in this study, you will complete a [*survey, interview, educational test, etc. Describe in one sentence what they will be doing*]. The [*survey, interview, etc.*] will [*Briefly describe the purpose of the survey and what types of questions they will encounter, e.g. demographic questions and questions relating to your topic or area to be studied]* The survey should take approximately \_\_\_ minutes in total to complete it. [*You can also break down each task to be completed into minutes of time*.].

The risk associated with this study is [*Include risks involved; physical, psychological, informational, social group risk, etc…*]

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don’t want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so. The survey is anonymous, so no one can associate your answers back to you. Please do not include your name or other identifying information in your survey responses that can identify you. [*If confidential,briefly describe the confidentiality procedures you have put in place and remove the underlined anonymous procedures]*

If you have any questions or concerns about the research, please feel free to contact [i*dentify research personnel: Principal Investigator, Faculty Sponsor (if student is the P.I.), Co-Investigator(s). Include day phone numbers and addresses for all listed individuals. For greater than minimal risk studies, include night/emergency phone numbers.*].

You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact the La Verne IRB Office at 909-448-4564 ([irb@laverne.edu)](mailto:irb@laverne.edu)), University of La Verne, Institutional Review Board, 1950 3rd Street, La Verne, CA 91750.