



VIRGINIA DEPARTMENT OF CORRECTIONS
Human Subject Research and Review Committee
EXTERNAL RESEARCH PROJECTS
Voluntary Informed Consent to Participate In Research

Research Project Name: _____

Conducted by: (Name/Title) _____

Affiliation: _____

DESCRIPTION OF STUDY

Purpose: _____

Benefits: _____

Participation Requirements: (What is the participant requested to do; how long should it take?) _____

Confidentiality/Anonymity: (How will the participant's identity and responses be protected?) _____

Possible Risks to Participant: _____

I have read the above information and have had an opportunity to ask questions about my participation in the study. I understand that my identity in this study will be kept confidential or anonymous. My participation in the study is entirely voluntary. I understand that I am free to discontinue participation in this study at any time without any negative consequences.

I AGREE to participate in this study

I DO NOT WISH to participate in this study

Participant Name (printed)

Participant Signature

Date

Witness Name/Position (printed)

Witness Signature

Date