**Parental Permission for Research**

**Title of Research Study:** *{insert title of study}*

**Researcher's Contact Information:**  Name, Telephone, and Email *{students may use faculty advisor's contact information if desired}*

Your child is being asked to take part in a research study. The information in this form will help you decide if you want to allow your child to be in the study. Please ask the researcher(s) if there is anything that is not clear or if you need more information.

**Description of Project**

*Describe the study purpose: Why is it being conducted? What is the research question? What is being studied?* We are doing this research study to learn more about *xxxx.*

**Explanation of Procedures**

*Briefly state what a participant will be asked to do, including the estimated time commitment and location. Specify if there is any additional activity like audio recording or access to personal records.*

If you agree to allow your child to participate in this study:

* We will collect information about *xxxx.*
* We will ask your child to *xxxx.* It will take about xx minutes.
* We will follow up in *xx* months by *xxxx*.

Participation is voluntary. You can refuse to allow your child to take part or stop their participation at any time without penalty. *Provide assurance that the decision to refuse or withdraw will not affect any benefits the participant is otherwise entitled to or other activities that are otherwise conducted.*  Your decision to allow our child to participate will have no impact in your child’s participation in *xxxx* programs.

**Risks or Discomforts**

*{Explain any risks or discomforts - including psychological discomfort - that might reasonably be expected to happen, and list steps to be taken if harm should come to the participants, including any availability of medical treatment if needed. If there are no known risks or anticipated discomforts in this study, then state so.}*

**Benefits**

*{Briefly describe benefits to the subject and to others (society). If there are no direct benefits to the subject, include language stating that although there will be no direct benefits to you for taking part in the study, the researcher may learn more about (insert description). Also, if benefits cannot be guaranteed, ensure language reflects such.}*

**Compensation** *(if applicable)*

*{Describe any compensation or credit that participants may receive for taking part in the study. Include an explanation of alternatives to participation when participation is for classroom credit.}*

**Confidentiality**

*Describe how privacy concerns and confidentiality will be addressed. If research records include identifiers or codes that are linked to individuals via a master list or code key, explain this and indicate when the identifiers will be removed/destroyed.*  We will take steps to protect your child’s privacy, but there is a small risk that your child’s information could be accidentally disclosed to people not connected to the research. To reduce this risk we will *xxxx*. We will only keep information that could identify your child *xxxx*.

*Include one of the following:*

*If the information will be used or shared after the identifiers have been removed, for example with other researchers and/or for future studies without additional consent, describe this possibility.*

*OR*

*If the information will not be used or distributed for future research, state this.*

Research at Kennesaw State University that involves human participants is carried out under the oversight of an Institutional Review Board. Questions or problems regarding these activities should be addressed to the Institutional Review Board, Kennesaw State University, [irb@kennesaw.edu](mailto:irb@kennesaw.edu).

To voluntarily allow your child to take part in this study, you must sign on the line below. Your signature below indicates that you have read or had read to you this entire Parental Permission Form, and have had all of your questions answered.

Your Child's Name:

Your Signature: Date

Your Printed Name:

Signature of Researcher: Date

Printed Name of Researcher:

Please sign both copies, keep one and return one to the researcher.