



Identifier #

Manhattan College IRB
Approval

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| May only be used to enroll subjects | From: To: |
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INFORMED CONSENT FORM
(involving request to access student records)

Protocol Title: _____
PLEASE READ THIS DOCUMENT CAREFULLY BEFORE YOU DECIDE TO CONSENT.

Purpose of the research study: _____

What you will be asked to do in the study: _____

IF YOU CONSENT, THIS INFORMATION WILL NOT BE GATHERED UNTIL AFTER YOU HAVE BEEN GRADED FOR THIS COURSE.

Confidentiality: The data collected will be kept confidential and in a secure location and in the sole possessions of _____. Your name will never be publicly associated with this study and your participation will be kept confidential. Your name will not be used in any report. When the study is completed and the data have been analyzed, your name will be deleted from the dataset.

Voluntary participation & right to withdraw from the study: You should understand you are completely free to give consent or not to give consent for _____ to access your academic records. Your participation in this study is not, in any way, related to your performance and grade in this course.

Whom to contact if you have questions about the study: _____

Whom to contact about your rights as a research participant in the study: _____

Agreement: I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description whether I agree to participate or not.

If you agree to participate in this study, please check the line next to each of the item requests below and sign below.

I VOLUNTARILY GIVE MY PERMISSION FOR THE REGISTRAR TO RELEASE ONLY THE BELOW CHECKED EDUCATIONAL RECORDS SOLELY FOR USE BY THE RESEARCHERS LISTED ABOVE AND ONLY UNDER THE CONDITION THAT I WILL NOT BE IDENTIFIED IN ANY RESEARCH REPORT OR DATA LISTING.

1. My Test for Readiness and Aptitude in Mathematics (TRAM) Score _____ **by checking you agree to this.**
2. My current grade point average GPA _____ **by checking you agree to this.**
3. My SAT _____ **by checking you agree to this.**
4. Other _____ **by checking you agree to this.**

Participant: _____ Date: _____
First & Last Name Campus ID Signature

Principal Investigator: _____ Date: _____

Co-Investigator(s): _____ Date: _____