



Identifier #

May only be used to enroll subjects
From:
To:

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:

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...

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.

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'S OFFICE TO RELEASE ONLY THE BELOW CHECKED EDUCATIONAL RECORDS SOLELY FOR USE BY THE RESEARCHERS LISTED 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 scores by checking you agree to this.
4. Other: by checking you agree to this.

Participant: / / /
First & Last Name Campus ID # Signature of Consent Date

Principal Investigator: Date:

Co-Investigator(s): Date: