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 possession 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: NAME: ______________________________________
EMAIL: __________________________________________ PHONE: _________________________________

Whom to contact about your rights as a research participant in the study: NAME: _________________________
EMAIL: __________________________________________ PHONE: _________________________________

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, sign and date 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: ________________

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