*[Instructions: This form is for use in internet-based survey research which will NOT require you to collect identifying information. Complete all information highlighted in yellow then remove brackets, yellow highlights, and these italicized instructions.]*

**Anonymous Internet-Based Informed Consent Form**

**Identification of Researchers:** This research is being done by [insert your name and title] along with their advisor [if a student, include your advisor’s name and title here].

**Purpose of the Study:** The purpose of this study is to [insert a description of your study].

**Request for Participation:** You are invited to participate in a study [insert a short description of your study]. It is up to you whether you would like to participate. Your decisions whether to participate or not will not jeopardize your future relationship with the researcher, advisor, or LaGrange College. You may decide to stop at any time without penalty. If you do not wish to answer any of the questions, you may simply skip them, although skipping questions may disqualify your results. Once you submit an anonymous survey, we will not know which survey or test is yours.

**Exclusions:** You must be at least 18 years of age to participate in this study. [Describe any other exclusions].

**Description of Research Methods:** This study involves completing a survey about [fill in the blank]. The survey will ask you about [fill in the blank summarizing your study questions]. This study will take about [time] to finish.

**Privacy:** All the information we collect will be anonymous. We will not record your name, student number, or any information that could be used to identify you. Your confidentiality will be maintained to the degree permitted by the technology used.

**Explanation of Risks:** The risks associated with participating in this study are similar to the risks associated with everyday life. [Insert the following if your study contains potentially emotional topics. Some of the topics in this study may be emotional or triggering to some people. If appropriate, add the following to your explanation: If you experience any uncomfortable thoughts or feelings due to this study, please feel free to contact the available mental health services on campus or contact your doctor. You may reach the LaGrange College Counseling Center at 706.880.8269 or by going to their offices on the 1st floor of Smith Hall.]

**Explanation of Benefits:** You will benefit from participating in this study by getting firsthand experience in research. [Insert the following if participants are LaGrange College Students: You may also receive assignment credit or bonus points if you are enrolled in a participating course at LaGrange College. Speak with your instructor to confirm participation and requirements.]

**Questions:** If you have any questions about this study, please contact [insert your contact information] or [if a student, include your faculty advisor’s name and title here]. If you have any questions about your rights as a research participant, please contact Brian Peterson, Vice President for Academic Affairs and Chair of Institutional Review Board at IRB@lagrange.edu.

This project was approved by the LaGrange College Institutional Review Board on [date (IRB Approval #).]

Please click the following indicating your choice to be in this study:

* Yes, I agree to participate in this study.
* No, I do not want to participate in this study.