[Sample short form written consent document for subjects who do not speak English—this document must be written in a language understandable to the subject.]

**SHORT FORM CONSENT TO PARTICIPATE IN RESEARCH**

[Insert the title of your study]

[Insert your name]

Liberty University

[Insert the name of your academic department/School of \_\_\_ ]

You are being asked to participate in a research study.

Before you agree, the investigator must tell you about (i) the purposes, procedures, and duration of the research; (ii) any procedures which are experimental; (iii) any reasonably foreseeable risks, discomforts, and benefits of the research; (iv) any potentially beneficial alternative procedures or treatments; and (v) how confidentiality will be maintained. [Please disregard items listed above that are not applicable to your research project.]

[Delete this paragraph unless this project involves more than minimal risk.] Where applicable, the investigator must also tell you about (i) any available compensation or medical treatment if injury occurs; (ii) the possibility of unforeseeable risks; (iii) circumstances when the investigator may halt your participation; (iv) any added costs to you; (v) what happens if you decide to stop participating; (vi) when you will be told about new findings which may affect your willingness to participate; and (vii) how many people will be in the study. If you agree to participate, you must be given a signed copy of this document and a written summary of the research.

You may contact [Insert name of researcher] at [Researcher’s phone number/email] any time you have questions about the research. The researcher’s faculty mentor is [Insert name of mentor here], and you may contact him/her at [Mentor’s email address].

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd, Green Hall 1887, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu). [Please do not remove the IRB’s contact information from your consent document.]

Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop.

Signing this document means that the research study, including the above information, has been described to you orally, and that you voluntarily agree to participate.

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Signature of Participant Date

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Signature of Witness Date