***INSTRUCTIONS FOR USE OF THIS TEMPLATE:*** *Use this template to create your own Consent Cover Letter.*

* *Delete all instructions in red text and insert your own text where indicated.*
* *Do not adjust the bottom margin or use the footer.*
* *This template is written for use with a simple questionnaire or survey. Adjust the language as appropriate for the study procedures.*
* *In order to use this document to obtain consent, you MUST request a Waiver of Documentation of Consent in the IRB application.*

**Consent Cover Letter**

***<<Title of Study>>***

The purpose of this research study is *<<state purpose of research>>*. We are doing this study because *<<state the rationale for the study>>*.

*Describe procedures (e.g. “I would like to ask you to complete the enclosed questionnaire and return it in the enclosed self-addressed stamped envelope”). If there are any risks or benefits to the participant, please state them here.* Example: There are no known risks associated with participating in this study. You may not experience any direct benefits from your participation, but we hope to learn more about (enter any benefits to society).

*Include a statement describing the extent and procedures used to maintain the confidentiality of records and data pertaining to the participant, how the participant’s privacy will be protected and who may view the collected data.* Example: The interview will take place in a private office. The recorded interviews will be stored as digital audio files on a password-protected computer. The files will be destroyed after transcription. A pseudonym will be attached to the interview transcript. You will not be identified in any publications. The information collected in this research will not be used for future research studies.

If you have any questions complaints or if you feel you have been harmed by this research please contact *<<list contact person, their affiliation (e.g., Department of Psychology, University of Illinois Urbana-Champaign) and a phone number or email>>*.

If you have any questions about your rights as a research subject, including concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 217-333-2670 or e-mail OPRS at irb@illinois.edu.

It should take *<<state amount of time required to complete the questionnaire>>* to complete the questionnaire. Participation in this study is voluntary. You can choose not to take part. You can choose not to finish the questionnaire or omit any question you prefer not to answer without penalty or loss of benefits.

By returning this questionnaire (or pressing “Submit”), you are giving your consent to participate.

*Conclude with a statement which expresses appreciation for participation.*