IRB Approval Stamp

BOISE STATE UNIVERSITY

Instructions:
1. Leave the top right square blank - for IRB office use only.
2. BOLD areas may be revised/removed specific to your study.
3. Un-bold all areas after making changes.
4. Remove these instructions prior to IRB submission.

Informed Consent Cover Letter

Study Information

This consent form will give you information about why this study is being done and what you will be asked to do if you decide to take part. Please ask questions at any time.

<Describe the purpose of the study here. Add any information that is relevant to why you are doing the project (i.e. for a thesis/dissertation.)>

If you wish to take part in this study you will be asked to do the following:

- **State how often participants will take the survey(s) and the estimated time each survey will take.**
- **Explain anything else participants will be required to do.**

Taking part in this study is voluntary and has no foreseeable risks. We ask that you try to answer all questions; however, if there are any items that make you uncomfortable or that you would prefer to skip, please leave the answer blank. Your responses are anonymous.

If you have any questions or concerns feel free to contact the Principal Investigator **<or you may add additional contact person(s)>:**

PI Name	**Co-Investigator Name**
PI Department	**Co-I Department**
PI Phone number	**Co-I Phone**
PI Email	**Co-I Email**

If you have questions about your rights as a research participant, you may contact the Boise State University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. You may reach the board office between 8:00 AM and 5:00 PM, Monday through Friday, by calling (208) 426-5401 or by writing: Institutional Review Board, Office of Research Compliance, Boise State University, 1910 University Dr., Boise, ID 83725-1138.

If you would prefer not to participate, please **do not** fill out a survey.

If you consent to participate, please complete the survey(s).