NOTICE OF RESEARCH STUDY (OPT OUT FORM)

TITLE OF STUDY:

Principal Researcher	**Faculty Supervisor**
Name	Faculty advisor
Title	Title
Southern Utah University	Southern Utah University
Email	Email
Phone	Phone

Key Information

Purpose of the Study	
Consent & Withdrawal	
Confidentiality	
Procedures	
Duration & Time Commitment	
Risks	
Benefits	
Compensation	

The Institutional Review Board (IRB) of Southern Utah University has reviewed this study for the protection of the rights of human subjects in research studies, in accordance with federal and state regulations. If you have any concerns about this study, you may email the SUU IRB at irb@suu.edu.

Only sign and return this form if you want to opt out (i.e., you DO NOT want to have your/your student's data included in the thesis study). If you desire to opt out of the study, both the parent and child should sign and print their names below. Note: Children ages 6 and younger do not need to complete this form.

Parent participant signature

_____

Print parent name

_____

Child participant signature

_____

Child print name

_____

ONLY SIGN AND RETURN IF YOU *DO NOT* WANT YOUR CHILD TO PARTICIPATE.