

**INFORMED CONSENT FORM**  
AUTHORIZATION FOR A SCHOOL TO SERVE  
*IN A RESEARCH STUDY*

PROJECT: The purpose of this study is to examine the effects of

RESEARCHER:

EMPLOYMENT AFFILIATION:

PHONE NUMBER:

LOCATION OF THE STUDY:

SUPERVISING UNIVERSITY OF WEST GEORGIA PROFESSOR:

1. Purpose of the study:
2. Procedures to be followed:
3. Time and duration of the study:
4. Benefits of the study:
5. Persons who will have access to the records, data, tapes, or other documentation:
6. When the records, data, tapes, or other documentation will be destroyed (if applicable):
7. I understand that participation in this project is voluntary, and I understand that a parent or guardian may withdraw his/her child from this study at any time by notifying the researcher or University professor.
8. Statement of confidentiality:

The participation of the students in this project is confidential. Only the researcher and the University of West Georgia supervising professor will have access to the students' identities and to information that can be associated with their identities.

Please check the appropriate box below and sign the form:

- I give permission for my school to participate in this project. I understand that I will receive a signed copy of this consent form. I have read this form and understand it.
- I do not give permission for my school to participate in this project.

\_\_\_\_\_  
Signature of principal

\_\_\_\_\_  
Date

**My signature indicates tentative approval only. Final approval must be obtained from UWG and the school system central office.**