**STUDY TITLE**

PARENTAL LETTER OF PERMISSION

(Typically used for studies that would not exceed minimal risk)

Dear Parent:

I am a professor in the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (college name). I am conducting a research study to (state purpose of study).

I am inviting your child's participation, which will involve \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Include the expected duration of the subject's participation). Your child's participation in this study is voluntary. If you choose not to have your child participate or to withdraw your child from the study at any time, there will be no penalty (it will not affect your child's grade, treatment/care, etc). Likewise, if your child chooses not to participate or to withdraw from the study at any time, there will be no penalty. The results of the research study may be published, but your child's name will not be used.

Although there may be no direct benefit to your child, the possible benefit of your child's participation is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. There are no foreseeable risks or discomforts to your child’s participation.

(Please describe measures to protect confidentiality. "Confidentiality will be maintained"

is not acceptable.). Responses will be anonymous OR confidential. The results of

this study may be used in reports, presentations, or publications but your child’s name

will not be known/used (whichever applies). (If applicable, results will only be shared in

the aggregate form.)

If you have any questions concerning the research study or your child's participation in this study, please call me at ( ) \_\_\_-\_\_\_\_\_.

Sincerely,

(Researcher’s name)

By signing below, you are giving consent for your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child’s name) to participate in the above study. (Release statement for videotaping or relinquishing confidentiality must be inserted here if applicable.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

Signature Printed Name Date

If you have any questions about you or your child's rights as a subject/participant in this research, or if you feel you or your child have been placed at risk, you can contact the Chair of the Institutional Review Board at CCSNHIRB@ccsnh.edu.