*Note: this only addresses FERPA records and Consent for exemptions, if the study is non-exempt all other criteria for Informed Consent will be added to this information. This form as is, can be used for the exempt “consent” information.*

**<Insert Title of Research Study>**

Principal Investigator: <Insert name>

Department: <Insert Department>

Contact Information: <insert Contact Info>

<include name/contact for faculty adviser if PI is a student>

<Remove if research is not externally funded>

This research is funded by: <Insert funding information or remove>

Your child is being asked to participate in a research study about <tell them what it is about>. If your child participates in this study, they will participate in the <select one: class/program/activity> as normal and you will allow the researchers to access the information from your child’s <select one: class/program/activity> to use as data for research. Your child will not be asked to do anything outside of the normal <select one: class/program/activity>.

The information that will be used from the <select one: class/program/activity> as research data includes: <insert specific information about all data sources and categories accessed>. This information will be accessed on <insert date range from initial access to de-identification or disposition>.

* The purpose of collecting these student records is <list all uses/purposes of the records>.
* This information will be accessible to <list who can access data-e.g., members of the research team, transcription service, etc.>.
* The dataset will remain <select one: directly identifiable, indirectly identifiable, or anonymous>.
* The data will be <select one: securely destroyed or completely de-identified or stored in an identifiable manner> by <insert date>.

Participation in this study by allowing your child’s course information to be used as research data is strictly voluntary. You can choose not to allow your child to participate in the study or stop your child participating at any time by <tell them how they can remove their data from the dataset>.

While participants are completing their normal course activities, participants will <select: be photographed, have their screen recorded, be audio recorded, be video recorded, be audio and video recorded, or have their online activity recorded> during the research activities. If you do not want this information collected, your child <select one: can or cannot> participate in this research. We would like to use <these recordings and/or your image> for <describe how you want to use them, e.g., transcription only, sharing audio snippets, their images>. We will keep these <recordings/images> for <describe how long, e.g. until transcriptions have been verified, at least XX years, indefinitely, etc.>.

It is not an expectation nor requirement of the <select one: class/program/activity> that you allow your child’s information to be used as data for research. It is not an expectation of any personal or professional relationships you or your child may have with members of the research team that you allow your child’s information to be used as data for research.

There are minimal risks associated with allowing your child’s student records information to be used as data for research in this study and there are no direct benefits to your child from participating in this research. Your child <select: will receive \_\_\_ compensation, or will not receive compensation> for allowing your child’s course information to be used as data for research.

Participating in this study is completely voluntary. Even if you decide to allow your child to participate now, you may change your mind and stop your child’s participation at any time. Your child may choose not to [details: e.g., answer any survey question, continue with the interview] for any reason.

If you have questions about this research study, you may contact <name of PI (and faculty advisor if PI is a student)>.

If you have questions or concerns about your child’s rights as someone taking part in research, please contact the Appalachian State University Office of Research Protections at **828-262-4060** or [irb@appstate.edu](mailto:irb@appstate.edu).

Parent/Guardian’s statement

By signing below, I give permission for my child to participate in this study and agree that:

* The purpose and procedures of the study have been explained to me.
* I have been informed of the risks of participation.
* Participation is voluntary.
* My child does not have to participate and can leave the research at any time.
* I have had the opportunity to ask questions.
* Any questions I have about the research were answered to my satisfaction.
* If I have any questions later, I can contact the researchers listed on the first page of this form.
* If I feel my child has been harmed by participating in this study, I will contact one of the researchers listed on this form.
* I have been given (or have been told that I will be given) a copy of this consent form to keep.

If you consent to participate in this research, please <tell participants what they do next—e.g. sign and date the form.>

Note to Researchers:

FERPA requires that the participant or their legally authorized representative sign this form with ink or with a software that authenticates their identity (such as docusign or through PDFs, etc). Please design your research accordingly.

Edit the lines below as appropriate for who you are seeking permission from. You can change it to "legally authorized representative" and have the students’ name and their name, or something else needed.

Printed name of child participant

Printed name of parent or legal guardian Signature of parent or legal guardian

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_