**Instructions**:

This sample informed consent for exempt research is to be used as a guide and should be edited to include information pertinent to your protocol application. **As you create your document, remember to remove text that is underlined and bolded or (*italicized in parenthesis)* as this information is intended as instruction**. **Also, remove and/or edit the revision date in the footer of the document.**

**SAMPLE ORAL CONSENT FORM (Exempt Research)**

**SU Departmental Letterhead Acceptable but Not Required**

My name is \_\_\_\_\_\_ (*include the name/s of persons conducting the research.*) and I am a \_\_\_\_\_\_ (*under grad/grad student, professor, etc.*) at Syracuse University. I am inviting you to participate in a research study.

I am interested in learning about \_\_\_\_\_\_ (*Describe what the research is about using lay terminology and descriptions at a reading level appropriate to the targeted participant population.*). You will be asked to \_\_\_\_\_\_. (*Clearly state what participation in the research will involve.*)This will take approximately \_\_ minutes/hours of your time.

Involvement in the study is voluntary. This means you can choose whether to participate and that you may withdraw from the study at any time without penalty.

If you have any questions, concerns or complaints about the research you can contact me at \_\_\_\_\_\_\_\_\_\_\_ (*Include the name, PI contact information must be provided along with the contact information for the student researcher, if the study is being conducted for student research. Faculty member or research staff obtaining oral consent and provide participants with a copy of this form and/or your contact information.)*.

Do you have any questions?

Are you 18 years of age or older?

Do you wish to participate in this research study?

(*Choose one method to provide your contact information.)*

Here is a copy of the consent form.

***OR***

Here is my card including my contact information.