

**Tarrant County College District  
Institutional Review Board  
Informed Consent and Assent Consent Form**

The following informed consent suggestions are offered as guidelines. The exact language is the decision of the researcher. Keep in mind that the Institutional Review Board must determine if the participants will be giving ***informed consent***. (Note: that in the case of children, it is ***assent***).

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Dear (student, parent, sir, madam, etc.):

We are conducting a study to determine \_\_\_\_\_. In this study, you (your child/ward) will be asked to \_\_\_\_\_. Your participation should take about \_\_\_\_\_ minutes.

There are no risks to you (your child/ward).

***or***

The only risks to you (your child/ward) include: x, y and z.

All information will be handled in a strictly confidential manner, so that no one will be able to identify you (your child/ward) when the results are recorded/reported. Your (your child's/ward's) participation in this study is totally voluntary and you may withdraw at any time without negative consequences. If you wish to withdraw at any time during the study simply\_\_\_\_\_.

Please feel free to contact \_\_\_\_\_ (names(s), title(s) of principal investigators) at \_\_\_\_\_(phone) or (email) \_\_\_\_\_if you have any questions about the study. For Institutional Review Board questions, please contact TCCD's Institutional Review Board chair at 817-515-1516.

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***If the participant is of age (18 years old or older), use this language:***

I understand the study described above and have been given a copy of the description as outlined above. I am 18 years of age or older and I agree to participate.

**Signature of Subject:**

**Date:**

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***If the participant is not of age, use this language:***

I understand the study described above and have been given a copy of the description as outlined above. I agree to allow my child/ward to participate with his/her assent when possible. I understand what I must do in this study and I want to take part in the study.

**Signature of Subject:**

**Date:**

**Signature of Minor:**

**Date:**

Email forms and supporting documentation to: [irb.irpe2@tccd.edu](mailto:irb.irpe2@tccd.edu).