This template is applicable for research involving human subjects where the participants are adults aged 18 and older in a standard educational context, and when you are not collaborating with an Institutional Review Board/Human Research Protection Program (IRB/HRPP) from a different institution, or if that IRB/HRPP permits the use of the BeyondBound (BB) IRB Information Letter template.

My name is [name], and I serve as a [doctoral student, faculty member, or staff member] at BB. [If applicable, include the following sentence: I am also employed as [mention your job title and employer], which connects me to the research site and/or potential participants.]

I invite you to participate in a study focused on [briefly explain the aim of your research in simple language in one sentence]. The study is titled "[Title of Your Research or Dissertation," ensuring all principal words in the title are capitalized].

This document is designed to provide you with details about the study to assist you in making an informed decision about your participation and/or the use of your data. Please thoroughly review this document and feel free to raise any questions you might have.

**During the course of the study, should you choose to take part, you will engage in the following activities:**

[Detail each research task along with the estimated duration for each. Specify if any activities will involve video or audio recording.]

[For instance: Filling out a questionnaire within a classroom setting, which is expected to take about 30 minutes.]

**The objectives of this study are as follows:**

The research aims to [provide a succinct description of the research purpose].

Your potential involvement was identified based on [criteria for participant selection].

**Participant Count:**

Should you consent to join, you will be among [anticipated number of participants] individuals participating in this study.

**Potential Risks of Participation:**

As a participant in this study, you may face certain risks, side effects, and discomforts, such as:

[itemize the potential risks]

[For instance: Feeling unease while answering questions that bring up challenging memories or emotions.]

To mitigate these risks, participants have options available to them, such as [list participant options. For example: informing the researcher of any discomfort or choosing not to respond to specific questions].

**Potential Benefits of Participation:**

The anticipated benefits from participating in this study include [outline potential benefits]. This research aims to shed light on [describe the goal of the research or the research question].

Participation in this study is entirely voluntary. You have the option to decide against your data being included in the study. Making this choice will not lead to any penalties or forfeit any benefits you are rightfully due, nor will it impact your relationship with your instructor (Mrs./Ms./Mr. Instructor Last Name). If you prefer your data not to be utilized for this research, please communicate your decision through phone or email.

**Protection of Your Information:**

While absolute confidentiality cannot be guaranteed, several measures will be implemented to maintain the confidentiality of your personal information:

Your personal information might be disclosed if mandated by law.

Identifiable information will not be shared in any publications resulting from this research, nor will it be stored in databases where results are kept.

Access to your information will be limited to [myself, my dissertation chair, and my dissertation committee].

To safeguard your information, the following steps will be undertaken: [outline the measures you will employ to protect their data, such as storing all digital files from interviews in a folder secured with a password].

All data will be destroyed after a period of 3 years.

**Future Use of Information:**

The information gathered from you during this study may be utilized in future research projects or might be shared with other researchers for their studies. Should this occur, any details that could potentially identify you will be removed prior to sharing the data. All of your information will be made anonymous before it is used for future research.

**Participant Compensation:**

[If there is a provision for participant compensation, specify the nature of the compensation, the timeline for distribution, and the method by which it will be delivered. If there is no compensation for participants, omit this section.]

**Participation Costs:**

You will incur no expenses by participating in this study.

**Contact Information for Inquiries or Concerns:**

Should you have any questions regarding the research, please reach out to the researcher, [researcher name], at [researcher’s phone number]. You can also communicate via email at [researcher’s university email address].

For inquiries about your rights as a participant, to address problems, voice complaints, or express concerns about the research, or to seek information or provide feedback, please get in touch with the BeyondBound Institutional Review Board at info@beyondbound.org

**Withdrawal from the Study:**

Should you consent to have your data included in this research, you retain the right to withdraw your data at any future point. If you decide to withdraw your data, please inform me of your decision, and I will ensure that all data collected from you is erased.

**Opt-Out Information:**

To "opt out" and request the removal of your data from this research, please reach out to (646) 217-0403 for assistance.