**SAINT ELIZABETH UNIVERSITY INSTITUTIONAL REVIEW BOARD (IRB) STANDARD PARENT/GUARDIAN PERMISSION FORM**

*Complete this form and submit it with your Submission Form. Indicate whether you will use SEU letterhead or letterhead from the host site.*

TITLE OF RESEARCH: *Insert title of research here.*

RESEACHER: *Insert your name; indicate whether you are a student, faculty or staff member of the College; state if the study is a course/degree requirement.*

The following permission is required by Saint Elizabeth University. This study has been approved by SEU’s Institutional Review Board.

*Insert description of the research here. Be specific e.g. Ms. Jones is studying the Language Arts Program at Hillcrest School. She will interview my child about the language arts program for about 30 minutes.*

I understand that:

* My child's participation in this study is voluntary and may be discontinued at any time he or she wishes to withdraw, and my child may skip any questions. Similarly, I may withdraw my child from the study at any time. If either of us decides to withdraw, my child will not incur any penalty.
* My child’s confidentiality will be protected.
* By signing this agreement, I understand that the researchers do not expect any foreseeable risks to my child. There is no plan to reimburse for any costs I might incur as a result of participating in this study.

I hereby give my consent for my child/ward to be a participant in your research. You have given me an explanation of the procedures to be followed in the project and you will be willing to answer any inquiries I may have.

I also give my consent for my child to be audio (or video) recorded*. (Include this statement as applicable and ask the parent/guardian to initial this line.)*

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Parent’s /Guardian’s Signature

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Print Name and Date

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

Child's Name and Birth Date

THIS INFORMATION MUST BE PROVIDED TO THE PARENT/GUARDIAN

1. TITLE OF RESEARCH: *Insert title of research here.*

2. For answers to any questions you may have about this research, contact:

RESEARCHER: *Insert contact information for Researcher(s) here. Use your @steu.edu or business email; do not use a personal email.*

3. For answers to any questions you may have about your rights as a research subject, contact:

Dr. Michele Yurecko

Chair, Institutional Review Board

Saint Elizabeth University

2 Convent Road

Morristown, New Jersey 07960

973-290-4036

[irb@steu.edu](mailto:irb@steu.edu)