**SUBJECT CONSENT FORM FOR PARTICIPATION IN HUMAN RESARCH AT MONTANA STATE UNIVERSITY**

[Date]

[Title of Project]

[IRB Reference Number]

Dear [Parent/Guardian Name],

I am writing to introduce an exciting opportunity for your child to participate in a research project within our educational community. As part of my commitment to advancing knowledge and improving education practices, I [Researcher’s Name] am conducting a research study titled “[Title of the Study]” for completion of [Degree Information/Department] at Montana State University. Research plays a pivotal role in shaping the educational landscape, providing invaluable insights that drive innovation and improvement while encouraging exploration and discovery for not only the researcher but also for your child.

**What this study is about:**

Your child is being asked to participate in this research study that aims to [brief description of the study’s purpose, objective, and rationale].

**What I will be asking students to complete:**

For this study, I will be collecting [Speak *specifically* to the education records that you will be using and the means that you will be obtaining them]. The utilization of these records will allow me to [describe purpose of the data disclosure]. Those that will have access to the records will be [people or organizations that will have access to the student data]. The data [include details on data storage and future data use as well as if the data is confidential/anonymous/de-identified, etc.]. *Speak to any recordings as well, this falls under educational records, and will need to be signed off on by a parent/guardian.*

Your child’s participation is completely voluntary, and your child may withdraw from the study at any time without penalty. Your child’s choice to participate, or opt out, will not impact their grades or class standing in any way at [School Name].

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For any questions or concerns please reach out to:

[Researcher Name and preferred contact method]

Or

Montana State University Institutional Review Board at irb@montana.edu or (406) 994-4706. The MSU IRB’s mission is the protection of the rights, welfare, and well-being of human subjects who participate in research.

By signing this consent form, you acknowledge that you have read the details of this research study, and you freely give consent for your child to participate [as well as be recorded for this study]. Also, as noted prior, participation is completely voluntary, and your child may withdraw from the study at any time without penalty. Your child’s choice to participate, or opt out, will not impact their grades or class standing in any way at [School Name].

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I, [Parent/Guardian Name], hereby give consent for my child, [Child’s Name], to participate in this research study conducted by Montana State University for the purpose of [MSSE, Doctoral Degree, etc.}. I have read and understand the information herein.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**