KJAS Human Subject Authorization Form

Student’s Name: ____________________________
Title of Project: ____________________________

To be completed by Student Researcher: (All questions are applicable and must be answered; additional page may be attached.)

1) Describe the purpose of this study and list all of the research procedures in which the subject will be involved. Include the duration of the subject’s involvement. Attach any survey or questionnaire.

2) Describe and assess any potential risk or discomfort, and, if any, potential benefits (physical, psychological, social, legal or other) that may be reasonably expected by participating in this research.

3) Describe the procedures that will be used to minimize risk, to obtain informed consent and/or assent, and to maintain confidentiality.

For questions or concerns regarding this research, contact: _______________________ at _______________________________.

(Teacher) (Email Address or Phone #)

Signatures:

Student Researcher: ____________________________
Print Name ____________________________
Signature

Teacher: ____________________________
Print Name ____________________________
Signature

I have willingly agreed and give my consent to participate in this research project.

Research Subject: ____________________________
Print Name ____________________________
Signature

If research subject is under 18 please have a parent or guardian complete the following:
I willingly give my consent for ____________________________ to participate in this research project.

(research subject’s name)

Parent or Guardian of subject: ____________________________
Print Name ____________________________
Signature