Date

Dear Parent or Guardian:

I am a faculty *[member, student, etc.]* in the [*enter department/program]* at Mercy College. I am conducting a research project on [*briefly, in a few words, describe study]*. I request permission for your child to participate.

The study consists of [*describe what you will ask the child do to. If you will look at school or other records, mention this here*.] The project will be explained in terms that your child can understand, and your child will participate only if he or she is willing to do so. Only I [*and members of the research staff, if any]* will have access to information from your child. At the conclusion of the study, children’s responses will be reported as group results only. [*If study results will be made available to parents, include a statement similar to the following: At the conclusion of the study a summary of group results will be made available to all interested parents.” Then explain what the parent needs to do* *to obtain a copy of the results.]*

Participation in this study is voluntary. Your decision whether or not to allow your child to participate will not affect the services normally provided to your child by the [*entity where research is being conducted (e.g., school, hospital)]*. Your child’s participation in this study will not lead to the loss of any benefits to which he or she is otherwise entitled. Even if you give your permission for your child to participate, your child is free to refuse to participate. If your child agrees to participate, he or she is free to end participation at any time. You and your child are not waiving any legal claims, rights, or remedies because of your child’s participation in this research study.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of [*describe coding procedures and plans to safeguard data, including where data will be kept, who will have access to it. etc.]*

*[If information will be released to any other party for any reason, state the person or agency to whom the information will be furnished, the nature of the information, the purpose of the disclosure, and the conditions under which it will be released.]*

*[If activities are to be audio- or videotaped or digitally recorded, describe who will have access, if the tapes/files will be used for educational purposes, and when they will be erased or destroyed*.]

*[If there is an expectation of a student completing an assignment, mention it will not affect any grade received for completing the assignment by not participating in the study.]*

Should you have any questions or desire further information, please call me or email me at [*office phone and email address. If this is a student project, also include the name and contact information of faculty sponsor*.] Keep this letter after [*tearing off (if this is to be done)]* and completing the bottom portion and [*state how the parent is to return the letter signed form*.]

If you have any questions about your rights as a research subject, you may contact Dr. Francine Seruya, at the Mercy College Institutional Review Board (IRB) by phone at 914-674-7816, or by e-mail at [mcirb@mercy.edu](mailto:mcirb@mercy.edu).

Sincerely,

PI signature, name, and affiliation

If there is room for the entire section that follows, it can be included as a tear-off section at the end of the letter. If not, it should be on a separate page. Do not separate this section across pages.

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Please indicate whether or not you wish to allow your child to participate in this project by checking one of the statements below, signing your name and [state how the parent is to return the letter]. Sign both copies and keep one for your records.

\_\_\_\_\_ I grant permission for my child to participate in [Name of PI’s] study on [brief description of study.]

\_\_\_\_\_ I do not grant permission for my child to participate in [Name of PI’s] study on [brief description of study.].

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Signature of Parent/Guardian Printed Parent/Guardian Name

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Printed Name of Child Date