This informed permission template provides an outline to follow when creating a permission document that complies with the new Federal regulations on Human Subjects Research and University policy. This permission template is intended for situations where the researchers are seeking permission from a Legally Authorized Representative to include an individual above the age of 18 who is not capable of providing consent on their own in an anonymous study.

([Click here to view the consent checklist](https://research.illinoisstate.edu/_resources/includes/Revised%20Regulations%20Informed%20Consent%20Checklist.docx)) The elements required in a permission form are similar to what is required in a consent form.

The new rules require that permission forms include all information that a **“*reasonable person*”** would need to know before deciding whether or not they would like to participate. The language in the form must also be understandable to the target population. An 8th grade reading level is recommended for the general adult population. The IRB will be looking more closely at reading level under the new regulations. Key information will vary from study to study, so the template language should be modified accordingly.

**\*\*\*To be eligible for review the template cannot include this first informational page and all shaded text must be either replaced or deleted before submitting\*\*\***

You are being asked to allow the person you represent to participate in a research study conducted by [Name and Title of Researcher(s) (The name of the Principal Investigator (PI) must also be listed here)] [Department and Institution]. The purpose of this study is to [Insert brief study description]. This study is funded by [Indicate sponsor if externally funded (delete this sentence otherwise)].

**Why are we asking for your permission?**

We are seeking your permission because you are the legally authorized representative of the person that we would like to include in a study. The researchers would like to include the person you represent in a study because [Provide eligibility Criteria here (e.g. age or status)].

Their participation in this study is voluntary. Neither you nor the person you represent will be penalized if either of you choose to skip parts of the study, not participate, or withdraw from the study at any time. [If the research would occur when they are receiving other services) indicate what the person they represent would do if they did not participate in this study (e.g. receive the same instructions but not include their data in the study or complete an alternate activity).]

**What would they do?**

If you choose to allow this person to participate in this study, [Describe what the participant is expected to do]. In total, this person’s involvement in this study will last approximately [Indicate how long the participant would typically be actively engaged in the study. If multiple sessions will occur, state how many sessions and the approximate duration of each session].

**Are any risks expected?**

[Describe any risk or discomforts that the participant may experience. If no specific risks are reasonably foreseeable, indicate “We do not anticipate any risks beyond those that would occur in everyday life”]. To reduce these risks, [Describe what will be done/provided to reduce and/or manage any risks/discomforts].

**Will their information be protected?**

The responses from the person you represent will be anonymous; nothing that will identify them will be linked to their responses. The findings from this study may be presented in [Describe how the research may be disseminated and in what form the information will be disseminated].

**Will you or the person you represent receive anything for participating?**

**\*\*\***Delete this section if no compensation will be offered\*\*\*

By [Describe what would need to be done to be compensated], [Indicate who will be offered the compensation] will be offered [Indicate what they will be offered (e.g. extra credit, gift card, check, or food)].

[Insert incentive language here. Include what is needed to distribute/track the compensation as well ([Consult the linked Wizard to identify this language](https://forms.illinoisstate.edu/forms/research_participation_incentives))].

**Who will benefit from this study?**

[Describe how this research will benefit the participant and/or society or indicate that there are no direct benefits from this study].

**Whom do you contact if you have any questions?**

If you have any questions about the research or wish to withdraw this person from the study, contact [Researcher name and contact information (Contact information must include the Principal Investigator unless there is a valid reason not to)].

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If you have any questions about the rights of a participant, or if you feel that the person you represent has been placed at risk, contact the Illinois State University Research Ethics & Compliance Office at (309) 438-5527 or IRB@ilstu.edu.

**Documentation of Consent**

Sign below if you are 18 or older and willing to allow the person you represent to participate in this study.

If a signed form is not being obtained, a description of what the legally authorized representative would need to do to indicate permission should be described above and a method for them to indicate permission (i.e. typing in their name, checking a box, or clicking next) should replace the signature line below. A waiver of documentation of informed permission should also be requested if a physical signature is not being obtained.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Select one of the statements below and delete the other statement

You will be given a copy of this form for your records. (If the permission form is **physically provided)**

OR

You can print this form for your records. (If the permission form is **provided electronically)**