**TEMPLATE INSTRUCTIONS**: Fill out the below information as it specifically relates to your research. Information included on this form should be consistent with the information provided in your application. Guidance is provided throughout this form in magenta. This information should be replaced with your research details.

**TITLE OF PROJECT:**

**NAME OF PRINCIPAL INVESTIGATOR(S):**

**CONTACT NAME AND PHONE NUMBER FOR QUESTIONS/PROBLEMS:**

**PURPOSE OF THE RESEARCH:**

*[Please explain the purpose of the research using lay language, including the purpose of the data collection and its uses. Also include whether and under what conditions data may be used for future research, either related or unrelated to the purpose of the current study].*

**PROCEDURES/METHODS TO BE USED:**

*[Please describe in non-technical language what subject can expect “to do” as a subject in the research study. Please indicate how long participation will last and, if there are multiple visits involved, what the subject can expect during each visit].*

**RISKS/DISCOMFORTS INHERENT IN THE PROCEDURES:**

*[Please describe any risks or discomforts the subjects may experience through participation in the study, however remote they may be].*

**POTENTIAL BENEFITS:**

*[Please describe any potential benefits to the subjects from participating in the study, if any. You may also describe the benefits to the institution and/or broader research community].*

**CONFIDENTIALITY:**

*[Please describe what identifiable information you will be collecting about the subjects (including any audio or video recordings or photographs). Special categories of data collected must be clearly listed, including: racial or ethnic origin, political opinions, religious or philosophical beliefs; trade union membership; processing of genetic data; biometric data for the purposes of unique identification; health data; and/or sex life or sexual orientation information.*

*[For FERPA-protected data, please describe the type(s) of data you are requesting and why.]*

*Please address how such information will be securely stored, who will have access to the data, security of transferring data, how long the data will be kept, and how it will be destroyed when no longer needed].* ***PLEASE NOTE THAT ALL PERSONAL DATA (INCLUDING FERPA-PROTECTED DATA) MUST BE STORED ON A PROTECTED MINES’ NETWORK DRIVE – YOU ARE NOT PERMITTED TO STORE ANY COPIES OF DATA LOCALLY ON A DESKTOP OR LAPTOP COMPUTER OR ON A PORTABLE STORAGE DRIVE****.*

Information obtained about you for this study will be treated as confidential to the extent allowed by law. Research information that identifies you may be shared with the Colorado School of Mines Human Subjects Team and others who are responsible for ensuring compliance with laws and regulations related to research.

**AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS FOR RESEARCH:**

Some of the individual student data the research team will access is protected as education records under the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law that gives students various rights with respect to their education records. Under FERPA, you have the right to inspect and review your education records, the right to request amendment of records you believe are inaccurate or misleading, and the right to prevent disclosure of information from your education records without your prior consent, subject to some specific exceptions. **If you wish to authorize the release of the records below, please complete the following information and sign and date this form, below:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Colorado School of Mines to disclose the following records upon request:

* Transcript
* Current Term Grades Only – Includes Overall GPA
* All Contents of Registrar’s Office File
* *[list the specific education records that will be collected and used during the research]*

to *[insert PI & name of any other individuals who will have access to this dat*a], for the purpose of *[explain with specificity how this data will be used in the research project]*.

**YOUR DATA RIGHTS**

You have rights around the protection and movement of your data. This consent form provides transparency to the data collected about you and how it will be used. Your rights include (but not limited to):

* Right to correct inaccurate personal data;
* Right to erase data that is no longer necessary for the research purposes or that you withdraw your consent to use. Note: if de-identified data is used, once identifiers are removed from the data and the data is added to the data set to be analyzed, it will be impossible to extract your individual data if you want to withdraw your data from the research.
* Right of know whether or not your personal data has been processed, what’s been processed, and the purpose for such.
* Right to restriction processing of the data where it’s inaccurate, unlawfully processed, or is no longer needed.
* Right to object to processing personal data for the purposes of public interest or legitimate interest pursued by the research and/or Mines.

**VOLUNTARY PARTICIPATION AND WITHDRAWAL:**

Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled. To withdraw, inform the principal investigator of your intention to withdraw

If you are a Mines student or employee, taking part in this study is not part of your class work or duties. You can refuse to participate, or withdraw at any time, with no effect on your class standing, grades, or employment at Mines.

**QUESTIONS**

If you have questions, concerns, or complaints, or think the research has injured you in any way, please contact the Principal Investigator at the phone number provided above.

If you have questions about your rights as a research subject, please contact the Colorado School of Mines Human Subjects Research committee at humansubjects@mines.edu.

**Your signature acknowledges that you have read the information stated and willingly sign this consent form and authorization for release of education records for research.** Your signature also acknowledges that you have received, on the date signed, a copy of this document containing 2 pages.

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

Participant name (printed)

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Participant signature Date