

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

I, _____ , _____ , _____
(Name) (DOC Number) (Date Form Signed)

do hereby consent to participate in research by:

_____ (Name or title and address of person
conducting the research)

Expiration date (if applicable) _____

AUTHORIZATION: I certify that the nature of this research project has been fully explained to me, that I fully understand the details of my participation, and that this consent has been made freely, voluntarily, and without coercion, after a fair and understandable explanation of the nature of the research activity, the purpose, and the procedures to be followed.

(Inmate Signature)

(Witness)