INFORMED CONSENT TO PARTICIPATE IN RESEARCH

I, _____________________________________________, (Name) _____________________________________________ (ODOC 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/Offender Signature)

_________________________________________________________

(Witness)