



**HOUSATONIC COMMUNITY COLLEGE
INSTITUTIONAL REVIEW BOARD (IRB)
DISCLOSURE FORM**

My name is *(principal investigator)*. This questionnaire is for a research project I am doing for school. It will ask you questions about *(subject of your study)*.

Filling it out is completely voluntary. There are no right or wrong answers. You may stop at any time. All answers will remain anonymous to the extent allowed by law. You do not have to answer any questions that make you feel uncomfortable. The contact phone number for Housatonic Community College's Counseling Center is 1-203-332-5097 and they are located in Lafayette Hall Room A108 and they may be contacted to discuss any psychological issues that have arisen out of participating in the previously described research. When you are done, please fold the questionnaire in half and return it to me.

The risks and benefits are *(give a description. Must be identical to those listed in the Project Summary)*.

An analysis of the results, and an explanation of the study will be available in the Housatonic Community College *(state which department and specific location and when probably available)*. If you have any questions about this research, you can contact me *(state how contact can be made with researcher--either directly or through sponsor. You may give the Faculty Sponsor's Department phone number)*.

This research project has been approved by the Institutional Review Board at Housatonic Community College, Bridgeport, CT.

Thank you for your help.