**This consent form template is used for the debriefing process. The purpose of this form is to allow the participant to withdraw themselves from the study after learning the real purpose of the study. See** [**800.02, Conceal or Deception in Research**](https://tamucc-my.sharepoint.com/:b:/g/personal/rebecca_ballard_tamucc_edu/EQturbZwe09Fstw0TWtOI3AB52DDYLal-26fkMRcFr9-Xw?e=xzuJDn) **for more information.**

**Please modify this form so that it accurately describes your study. Delete all red text from the form.**

**INFORMATION SHEET**

**Debrief Consent Form**

**<Title of Study>**

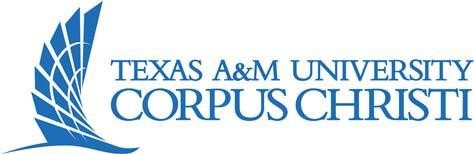
**Introduction**

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study.

During the experiment, you were asked <Describe the task>. You were told that the purpose of the study was to <Describe the deception>. This is not true.

**Why is this research being done?**

<Explain the actual purpose of the study and describe how the deception worked.>

Because you were not told the purpose of the research, you now have the right to refuse to allow your <Specify what materials will be used, i.e., survey answers, data, audio/video recording> to be used and to ask that they be destroyed immediately.

If you do so, there is no penalty. You will still receive <full credit …or payment, if applicable>.

\_\_\_ I give permission for my <materials> to be used in the analysis for this research.

\_\_\_ I do NOT give my permission for my <materials> to be used in the analysis for this research. Please withdraw them from the study and destroy them immediately.

**Whom do I contact about my rights as a research participant?**

This research study has been reviewed by the Institutional Review Board and/or the Office of Research Compliance at Texas A&M University-Corpus Christi. To report a problem or for questions regarding your rights as a research participant, contact the Research Compliance Office: at (361) 825-2497 or via email sent to “IRB@tamucc.edu”.

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

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You will receive a copy of this form for your records.**

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