Data Archival Consent Form

(Form 4: omit this label.)

Primary Investigator: [Insert the name of the professor/supervisor]

Student Researcher(s):
Title of Project:

On __________, I was informed that the data derived from my participation in this study may be held for future use. I agree that these data may be stored and reanalyzed or otherwise combined with other data at a later date after the specific time period defined by this study.

____________________________
Date

____________________________
Printed Name of Participant

____________________________
Signature of Participant