

UNIVERSITY OF GEORGIA
CONSENT FORM
[TITLE OF THE STUDY]

You are being asked to take part in a research study. The information in this form will help you decide if you want to be in the study. Please ask the researcher(s) below if there is anything that is not clear or if you need more information.

Principal Investigator:	Co-Investigator:
<i>Name</i>	<i>Name</i>
<i>Department</i>	<i>Department</i>
<i>Contact Information</i>	<i>Contact Information</i>

We are studying the experiences of Americans in relation to religious certainty, doubt, and questioning. We are also interested in the nature of faith and the nature of religion in America in the 21st century.

If you agree to be in our study we will talk with you for several hours. You will also be asked to be in small focus-group discussions. You do not have to be in the study if you don't want to: it is your choice. You can also agree to be interviewed but not be in a focus group. You can change your mind at any time and there will be no penalty. You and *[name]* will decide together how many interviews you will have, and when they will occur. The interviews may happen over the span of a year, if you agree.

We know that religious doubt can be a very sensitive topic. Also, some people may be upset or angry if they hear others in the focus groups expressing views different from their own. You do not have to share any information that you are not comfortable sharing. You can stop participating in the conversation at any time.

We will be careful to keep your information confidential, and we will ask you and all the focus group members to keep the discussion confidential as well. There is always a small risk of unwanted or accidental disclosure. The conversations and the focus groups will be recorded and transcribed only with your permission. Any notes, recordings, or transcriptions will be kept secure. The files will be encrypted and password protected. You can decide whether you want your name used.

- I give my consent to have discussions recorded: ____ (initial)

After we complete the interviews and focus groups, we will remove anything that identifies you. The recordings will be destroyed after the transcription is complete. We may continue to use the de-identified transcripts and may share them with other researchers for future studies.

If you have any questions about the study, contact *[name and contact information.]* If you have any complaints or questions about your rights as a research volunteer, contact the Institutional Review Board (IRB) at IRB@uga.edu or 706-542-3199.

If you agree to participate in this research study, please sign below:

_____ Name of Researcher	_____ Signature	_____ Date
_____ Name of Participant	_____ Signature	_____ Date

Please keep one copy and return the signed copy to the researcher.