

**UNIVERSITY OF HOUSTON – CLEAR LAKE**  
2700 Bay Area Blvd.  
Houston, TX 77058

**ASSENT FORM**

Notice to parent or guardian of minor children: You will be asked to sign the informed consent document in advance.  
Your child will be then informed via this assent form that you have approved his or her taking part in a research study.

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**ASSENT FORM FOR A MINOR'S  
PARTICIPATION IN A RESEARCH PROJECT**

**Principal Investigator:** (.....)  
(Department of ...)  
(281-283-xxxx)

**Faculty Sponsor:** (.....)  
(Department of ...)  
(281-283-xxxx)

**(BOLD FACE INDICATES REQUIRED WORDING—OTHER CONTENT IS PROJECT-SPECIFIC):**

**I am requesting your participation in a research project entitled (“.....”** The purpose of this research is to study ..... I will be asking you to complete a questionnaire, which you can mail back to me in the attached self-addressed, stamped envelope. There is not a code on either the questionnaire or the envelope, so there is no way I will ever be able to match the questionnaire with you personally.

**Your parent/guardian has said it is okay to request your participation in this project.** I estimate it will take you about 20 minutes to complete the questionnaire.

I do not think there are either risks or benefits as a result of your participation in the project; however, research like this does help to develop better understanding of the problems faced by teenagers.

You do not have to participate in the project and may decide to quit, even after you have started. If you decide not participate, it will not affect your class standing.

Any questions about this research, or any related problems with the project, may be directed to me at 281-283-xxx or to my faculty sponsor at 281-283-xxx.

**ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE UHCL COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS (CPHS), ATTN: MS. BETTY CROCKFORD, CHAIR, 281-283-3016. ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT THE UNIVERSITY OF HOUSTON CLEAR LAKE ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.**

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Child Assenting

\_\_\_\_\_  
Date