

[University of New Orleans letterhead]

MODEL FORM

COVER LETTER

(Typically accompanies a questionnaire)

Date

Dear _____:

I am a professor [a graduate student under the direction of Professor _____] in the Department/Division/ College of _____ at the University of New Orleans. I am conducting a research study to _____ (state purpose of study) _____.

I am requesting your participation, which will involve _____. (*Include the expected duration of the subject's participation*). Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty, (it will not affect your grade, treatment/care, **whichever applies - select only one**). The results of the research study may be published, but your name will not be used. [If anonymous questionnaire is completed, include statement that "The questionnaire is anonymous. The results of the study may be published but your name will not be known."].

If you have any questions concerning the research study, please call me [or Dr. _____] at () ____ - _____. If you have any questions about you or your child's rights as a subject/participant in this research, or if you feel you or your child have been placed at risk, you can contact Dr. Roberto Refinetti at the University of New Orleans at 504-280-7481.

Return of the questionnaire will be considered your consent to participate.

Sincerely,

(Researcher's name)