

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: *Name*
 Department
 Contact Information

The purpose of the study is to learn more about *xxxx*. You are being asked to be in the study because you *xxxx*. Participation in this research is completely voluntary and you can refuse to participate before the study begins or stop taking part at any point.

If you decide to participate in this study we will ask a series of questions dealing with the following topics: *xxxx*

the UGA Policy - [Minimum Security Standards for Sensitive Devices](https://eits.uga.edu/access_and_security/infosec/pols_reqs/policies/minsec_sensitive/)
(https://eits.uga.edu/access_and_security/infosec/pols_reqs/policies/minsec_sensitive/).

Data will be handled and processed only by the persons who are responsible for the necessary activities for the purposes above. The information you provide will/will not be associated with any identifier.

The data will be stored for a period *xx* years.

No automated decision making will be performed, including profiling, and the collected Data will not be further processed other than the purpose for which it was collected.

If you have any further questions about the research project please contact *xxxx*
(xxx@uga.edu); Phone: +1 706 542 *xxxx*

Any question(s) or concern(s) about your rights as a research participant should be directed to
The Chairperson, University of Georg! & \$ ai