**Post-Data-Collection Re-consent**

Because I did not fully tell you in the consent form about some of the procedures in this study, the IRB requires that I get your consent in order to use the information I collected from you.

* If you do not give your consent, there will be no penalty from me, your instructor, the department, or the school – this is completely your choice.
* If you do consent to the use of the information collected, please sign below and date it.

Following debriefing, I approve that the information collected from me in the *TITLE* study can be used by **PIs.**

|  |  |
| --- | --- |
| Signature of Participant | Date |

|  |  |
| --- | --- |
| Printed name of Participant |  |