

## IBR Student Consent Form

By completing online program surveys through Zoomerang®, I understand that I am providing researchers with anonymous information that will be used to assess program value.

Name \_\_\_\_\_

X

\_\_\_\_\_  
Student Signature/ Date

I give permission to primary program researchers to retain my contact information (i.e., name, school, and email address) for post program data collection.

X

\_\_\_\_\_  
Student Signature/ Date

