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|  |    | Grand Canyon UniversityCollege of Doctoral Studies3300 W. Camelback RoadPhoenix, AZ 85017Phone: 602-639-7804Email: irb@gcu.edu |

(Persons assisting the researcher should complete this document.

If the study includes sensitive information, it must also be utilized by the researcher.)

**CONFIDENTIALITY STATEMENT**

[NAME OF STUDY]

As a researcher working on the above research study at Grand Canyon University, I understand that I must maintain the confidentiality of all information concerning research participants. This information includes, but is not limited to, all identifying information and research data of participants and all information accruing from any direct or indirect contact I may have with said participants. In order to maintain confidentiality, I hereby agree to refrain from discussing or disclosing any information regarding research participants, including information described without identifying information, to any individual who is not part of the above research study or in need of the information for the expressed purposes on the research program.

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Signature of Researcher Printed Name Date

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Signature of Witness Printed Name Date