



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Research Participation Consent Form:

I, the undersigned, voluntarily agree to participate in the research project entitled:

I fully realize that my participation is of my own choosing and free will, and that I agree not to hold the Department of Corrections liable for anything that may occur related to the research project. The project has been satisfactorily explained to me and my questions have been satisfactorily answered.

Special stipulations of consent (if any): _____

Signature of Subject.

Date.

Printed Name of Subject.

Offender #: (If applicable.)

Signature of Staff / Witness.

Date.

Printed Name of Staff / Witness.

Position Title (If DOC employee.)

Distribution:

- Original to: Research Analyst, Division of Administrative Services, DOC.
- Copies to: Subject
- Researcher
- Case Record