

**UNIVERSITY OF WASHINGTON CONSENT FORM**  
**Understanding the Impact of Free Access to Computers and the Internet in Public Libraries**  
**Funding Agency Staff/City Council Member Interview**

Investigators:

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*\*Please note that we cannot guarantee the confidentiality of information sent via e-mail*

Investigators' statement

We are asking you to be in a research study. The purpose of this consent form is to give you the information you will need to help you decide whether or not to be in the study. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When all your questions have been answered, you can decide if you want to be in the study or not. This process is called 'informed consent.'

**PURPOSE OF THE STUDY**

We want to better understand how people use free access to computers and the Internet in their public libraries for improving their educational, English literacy, and information technology job skills. We would like to interview local agency staff and City Council Members about their experiences working with people who use the Library's public access computing services

**PROCEDURES**

If you choose to be in this study, I would like to interview you about your experiences with library patrons using library computers and the Internet. The interview will last about 45 minutes and will focus on the different services that you have helped people try. For example, I will ask you "What types of computer and Internet services do people use at the Library?" "What skills have they learned?" "How have people benefited from using computer and Internet services at the Library?" and "How do you think computer and Internet services could be improved? You do not have to answer every question.

During the interview, you may refuse to answer any question. The interview will be audio recorded and transcribed. The audio recording of your voice will be destroyed within 6 weeks of being recorded. Only members of the research team listed above will have access to this potentially sensitive information.

### **RISKS, STRESS, OR DISCOMFORT**

Some people feel that providing information for research is an invasion of privacy. I have addressed concerns for your privacy in the section below.

### **ALTERNATIVES TO TAKING PART IN THIS STUDY**

Taking part in this study is voluntary. If you decline, I will not interview you for this study.

### **BENEFITS OF STUDY**

We hope the results of this study will help us better understand how free access to computers and the Internet at libraries helps people and their communities. You may not directly benefit from taking part in this research study.

### **OTHER INFORMATION**

Taking part in this study is voluntary. You can stop at any time. Information about you is confidential. I will code the study information. I will keep the link between your name and the code in a separate, secured location until May 2009. Then I will destroy the link. If the results of this study are published or presented, we will not use your name without your permission.

Government or university staffs sometimes review studies such as this one to make sure they are being done safely and legally. If a review of this study takes place, your records may be examined. The reviewers will protect your privacy. The study records will not be used to put you at legal risk of harm.

If you have any questions about this research study, please contact Karen Fisher at the telephone number or e-mail listed above. If you have any questions about your rights as a research subject, please contact the University of Washington Human Subjects Division: 206-543-0098.

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Signature of investigator

Printed Name

Date

#### Subject's statement

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later on about the research I can ask one of the investigators listed above. If I have questions about my rights as a research subject, I can call the University of Washington Human Subjects Division at (206) 543-0098. I will receive a copy of this consent form.

\_\_\_\_\_ I give permission for the researcher to audio record my interview.

\_\_\_\_\_ I do not give permission for the researcher to audio record my interview

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Signature of subject

Printed name

Date

Copies to: Investigator's file

Subject