Consent Form

You have been recruited as a usability participant to help provide U.S. Census Bureau with feedback on the new Census.gov website. The session will be run by members of Accenture’s User Experience Group, who will gladly answer any questions you may have about the session. We will observe you and record information about how you work with the system. We will also ask you to answer questions in regards to your thoughts on the system.

By signing this form, you give your permission to the U.S. Census Bureau to use your recorded verbal statements to be used for the purposes of U.S. Census Bureau and Accenture’s internal evaluation. We will not use your name when using your verbal statements.

You will be asked to comment on a variety of subjects relating to the system and will be given a survey to complete for additional research information. It is important to note that you *are* *not* being evaluated in any way. We expect the session to last about 90 minutes. Your participation is voluntary and your answers will remain strictly confidential.

This usability study is being conducted under the authority of Title 13 USC. The OMB control number for this study is 0607-0725. This valid approval number legally certifies this information collection.

There are no known risks associated with this evaluation.

Your rights as a participant are as follows:

1. You have the right to withdraw from the session at any time for any reason.
2. At the conclusion of your session, you may withdraw any of your data. Please inform the team immediately if you desire to withdraw your data.

Finally, we greatly appreciate your time and effort for participating in this session. Remember, you cannot fail any part of this session, and there is no right or wrong answers to the issues on which you are asked to comment. Your signature below indicates that you have read this consent form in its entirety and that you voluntarily agree to participate. Thank you in advance for your time and feedback.

**Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_**

**Phone Number: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_**