IRB #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document is to inform you that IRS regulations require that compensation exceeding $599.00 annually will result in:

a) Your name, address, and social security number being released to the Chapman University Accounting office.

b) The receipt of a 1099 taxable income form from Chapman University

**Research Participant Acknowledgement:**

“I have agreed to participate in a research study conducted with the IRB Number/PI noted above. I understand that taking part in this study entitles me to receive the compensation described in the research consent form. It was explained to me that Chapman University requires that I provide my name, mailing address, and social security number, as listed below, for University Financial Services tax reporting purposes before compensation can be issued to me. I realize that if I do not provide this information I will not be compensated. I also understand that if I decide not to provide the requested information and I waive my right to compensation, I can still take part in the research study."

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Participant or Parent/Legal Guardian Date of Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Printed Name of Participant*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_

*Participant’s Mailing Address (Please Print)*

*Participant’s Social Security Number****:* \_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_**