**Verification of Translation Form**

Date:

Name of Researcher:

Name of Study:

IRB #

*I verify that this is an accurate translation of the consent form for this research project.*

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

Name of CSUSM Faculty Member verifying translation

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

Signature of Faculty Member

**Faculty Member Contact Information**

Telephone:       Email: