

# Consent Form

## Password Study

### Principal Investigator

XXX

The following informed consent is required by Princeton University for any person involved in a University-sponsored research study. This study has been approved by the University's Institutional Review Panel for Human Subjects.

### Project Purpose and Procedures

This survey will study how people create, select, store, and manage their passwords. There will be two sessions:

1. *At-Home Online Survey (Estimated Time: 30-45 minutes)*: Participants may take this portion of the survey at home. Participants will be asked questions on creating and storing passwords. Additionally, participants will be asked about the tools they use to help them manage passwords and about scenarios where passwords might be compromised.
2. *Laboratory Survey (Estimated Time: 30-45 minutes)*: Participants will need to come to a designated computer lab on campus. Participants will be asked to bring any aids they have for remembering passwords. They will be asked to answer questions about how many unique, similar, and related passwords they have. Participants will also be asked to complete a multiple-choice quiz about password selection.

This project may be used in research publications and may be extended for the principal investigators' thesis research.

### Confidentiality

The identities of all people who participate will remain anonymous and will be kept confidential. Identifiable data will be stored securely in a locked metal filing cabinet or in a password protected computer account. All data from individual participants will be coded so that their anonymity will be protected in any reports, research papers, thesis documents, and presentations that result from this work.

### Withdrawal

Your participation is entirely voluntary and you may withdraw from the study at any time.

### Remuneration/Compensation

We are very grateful for your participation. You will receive \$10 compensation for participating both portions of the study as a thank you for participating.

## **Contact Information About the Project**

If you have any questions or require further information about the project you may contact XXX.

## **Contact for information about the rights of research subjects**

If you have any concerns about your treatment or rights as a research subject, you may contact XXX

## **Consent**

We intend for your participation in this project to be pleasant and stress-free. Your participation is entirely voluntary and you may refuse to participate or withdraw from the study at any time.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this project. You do not waive any legal rights by signing this consent form.

I, \_\_\_\_\_, agree to participate in the project as outlined above. My participation in this project is voluntary and I understand that I may withdraw at any time.

---

Participant's Signature

---

Date

---

Student Investigator's Signature

---

Date