**ACHA-NFSHA Letter of Introduction/Consent Template**

***Instructions:*** *Please customize the text below in red for your particular campus and then change all text back to black. We will not send a survey invitation that does not accurately reflect our methodology and privacy procedures. If you need to make other changes to the letter, please submit them to the ACHA-NFSHA Program Office (Taylor Klenner. [* *tklenner@acha.org* *]) for review before submitting your IRB application.*

Dear (insert generic greeting or “first name”)

You have been (randomly selected, selected as a member of the faculty, staff, or graduate student, or indicate that all employees will be surveyed, etc) to participate in the National Faculty and Staff Health Assessment (ACHA-NFSHA) sponsored and distributed by the American College Health Association (ACHA). The ACHA-NFSHA is a survey designed to assess faculty, staff and graduate student employees’ health behaviors in order to provide better services and support for (name of school) employees. You may benefit by knowing that you have assisted in providing accurate information regarding health/wellness behaviors on our campus. The information will be used to develop wellness programs and services for (name of school).

The ACHA-NFSHA is completed online via the Internet. We encourage you to complete the survey in one sitting, which typically takes about 20-30 minutes. (**All employeess who submit a survey will be automatically entered in a random drawing for one of five $100 gift certificates for the campus bookstore! - Insert incentives as applicable.)**

There may be some personal discomfort with the content of certain questions. For example, there are questions regarding substance use. If you’d like to talk with someone about issues addressed in the survey, you may contact (name/contact info for campus resources.)

Your participation is completely voluntary and confidential. To ensure confidentiality, e-mail addresses are destroyed by ACHA before data are compiled and shared with (name of school). The raw data file that is shared with your school will not contain any unique identifiers. If you feel that answering specific demographic questions might reveal your identity, you may leave them blank. You may answer only some questions, or you may choose not to participate in the survey at all. Any reports or publications based on this research will use only group data and will not identify you or any individual as being affiliated with this project.

By taking this survey, you consent to participate in the study and agree that the purpose of this study has been satisfactorily explained to you. You understand you are free to discontinue participation at any time if you so choose and that the researcher will gladly answer any questions that may arise during the course of the research. Refusing or withdrawing from this study will be at no penalty or loss of benefits to you.

You may contact (insert campus contact person/info) if you have questions or concerns about the survey.

Data transmission is encrypted and firewall securities are in place. After you submit the survey to the secure server, a message thanking you for taking the ACHA-NFSHA will be displayed in your browser window, and you will receive a confirmation email.

(Add any language required by your IRB including approval number or IRB contact person.)

If you agree to participate in the ACHA-NFSHA survey, click on the following Internet address to continue:

(ACHA to insert survey link here)

Thank you for your cooperation!

(campus contact person) and the American College Health Association

If you do not want to receive reminder messages about completing the survey, please click here to remove yourself from the survey mailing list:

(ACHA to insert unsubscribe link here)