**Permission to Contact**

**Women’s Health Project**

I understand that the Women’s Health Project, a research study, is inviting adult women (18 and older) to participate if they experienced an unwanted sexual experience in the last year and told someone (such as a counselor, health provider, police) about it. I understand that my choice to participate in this study or not has no impact on services I receive.

I agree to have my name and contact information provided to the research team at the University of Denver so they can contact me to provide more information about the study. I understand that being contacted is not the same as agreeing to participate, and that I will be fully informed about the risks and benefits prior to agreeing to participate in the research project.

Printed Name:

Signature:

Email Address:

Phone Number:

Any special instructions for the research team when they contact me (for example, do not leave messages):

Please fax or email to our confidential fax/email: 303.871.7522; [healthstudy@du.edu](mailto:healthstudy@du.edu).