Dear  *(school name)* Student:

You are among (*survey number*) (*school name*) undergraduate students who have been randomly selected to participate in an anonymous alcohol survey. Your participation is very valuable in assessing alcohol issues at \_(*school name*)\_\_ and in the state of Louisiana.

The **title of the survey** is the **Core Alcohol and Drug Survey**. It is a survey instrument used nationally and developed by the Core Institute at Southern Illinois University. Students at our institution, as well as students at numerous other institutions in Louisiana, are participating in this study.

The **purpose of this study** is to assess the perceptions and use of alcohol and other drugs by (*school name*) undergraduate students. Composite data from this study will be used to gain insight into beliefs, attitudes, perceptions, and behavior of college students in their use of alcohol and other drugs. This information can help in evaluating current programs and prevention efforts.

The **following individuals are available** to answer any questions you might have about the survey:

(*Contact name, Title, Phone, email address*)

(*Optional Second Contact name Title Phone email address*)

**Study procedures**: This is a completely voluntary survey that should take you no more than 30 minutes to complete. **You may choose not to participate or not to answer specific questions.**

**The survey is anonymous** and many of the questions ask about personal attitudes, behavior, and perceptions. In order to participate, you must be at least 18 years old.

**Privacy assurance and risk**: Your identity can never be linked to the answers on your survey. The results of this study may be published; however, data obtained from your answers will be combined with data from all of the other participants, and **you can never be identified** in any way in any composite results. There are no potential risks involved, as you may decline to answer any questions that you are not comfortable answering.

*Optional text:* After completing the survey, if you should wish to speak to a counselor about any part of the survey, you may contact one at the *(name of counseling center)* at  *(phone number of counseling center).*

Your completion and submission of your survey will constitute your consent to participate.

Thank you for taking the time and thought to complete the survey. Your participation is very valuable!