**Young Adult Consent Sample**

State of North Carolina COUNTY of

1. I do hereby agree to assist the in conducting Tobacco Purchase Surveys involving the unlawful sale of tobacco products in this state. I understand that I will be entering locations, in which tobacco products are sold and that I will attempt to purchase tobacco products, but only under the direction and supervision of employees of .
2. I understand that the information obtained through the Tobacco Purchase Survey Program is confidential and I am not allowed to discuss my participation and/or the specific results of the program with anyone outside of the agency, including my friends or parents. I further understand that I am prohibited from using my affiliation with the program to receive any preferential treatment from any law enforcement agency for conduct beyond the scope of the Tobacco Purchase Survey Program.

Signature:

Printed Name:

Date:

Staff Signature:

Date:

