

# Educational Research Consent Form

Project Title:

Researcher(s):

Institution:

## Purpose of the Study

## Procedures

## Confidentiality

## Voluntary Participation

## Risks and Benefits

## Contact Information

If you have any questions about this research, please contact:

Name:

Email:

## Consent

By signing below, you indicate that you have read and understood this consent form, and you agree to participate in this study.

Participant Name

Date

Participant Signature

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