

Informed Consent Form for Educational Research Studies

Title of Study:

Principal Investigator:

Name:

Institution/Organization:

Contact Information:

Purpose of the Study

Procedures

Duration

Potential Risks and Discomforts

Potential Benefits

Confidentiality

Voluntary Participation

Contact Information

If you have any questions about this research, your rights as a participant, or wish to withdraw at any time, please contact:

Participant Statement

I have read and understood the information provided above. I have had the opportunity to ask questions and agree to participate in this study.

Participant Name: _____

Participant Signature: _____

Date: _____