

# Informed Consent Form for Psychological Experiments

**Project Title**

**Researcher(s) Name**

**Institution**

**Purpose of the Study**

**Procedures**

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**Risks and Discomforts**

**Benefits**

**Confidentiality**

**Voluntary Participation and Withdrawal**

## Contact Information

I have read and understood the information provided above. I voluntarily agree to participate in this study.

Participant Name

Signature

Date