

Educational Research Consent Form for Students

Study Title

Researcher(s)

Purpose of the Study

Procedures

Risks and Benefits

Confidentiality

Voluntary Participation

Contact Information

Consent

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

☐ I agree to participate in the study.

Student Name

Date

Student Signature

For students under 18, parent/guardian consent is required:

Parent/Guardian Name

Date

Parent/Guardian Signature