## **Informed Consent for Educational Research Studies**

| Study Title:  |
|---|
|   |
| Principal Investigator(s):  |
|   |
| Purpose of the Study  |
| Procedures  |
| 1.<br>2.<br>3.  |
| Confidentiality   |
| Potential Risks and Benefits  |
| •   |
| Voluntary Participation   |
| Contact Information   |
| Consent Statement   |
| I have read and understood the information provided above. I understand that my participation is voluntary and that I can withdraw at any time without penalty. By signing below, I consent to participate in this study. |
| Participant Name  |
| Date  |
|   |
| Signature   |
| Researcher Name   |
|   |

| Date      |  |  |  |
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| Signaturo |  |  |  |
| Signature |  |  |  |
|           |  |  |  |