

Academic Research Participant Consent Form

Study Title

Researcher(s) Information

Name(s):

Email:

Institution:

Purpose of the Study

Procedures

Potential Risks and Discomforts

Potential Benefits

Confidentiality

Voluntary Participation

Contact Information

Consent Statement

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

Participant's Name:

Date:

Signature:

Researcher's Name:

Date:

Signature:

