

General Consent Form for Academic Studies

Study Title: _____

Principal Investigator: _____

Contact Information: _____

Purpose of the Study

You are being asked to participate in a research study conducted by the above investigator(s). The purpose of this study is to _____.

Procedures

If you agree to participate, you will be asked to _____. Participation will take approximately _____ minutes/hours. Your responses and involvement will be kept confidential.

Risks and Benefits

Risks: There are minimal risks associated with this study, including _____.

Benefits: The potential benefits include _____.

Confidentiality

Any information obtained during this study that can identify you will be kept strictly confidential. Data will be stored securely and only the research team will have access to it.

Voluntary Participation

Your participation is completely voluntary. You may withdraw at any time without any penalty or loss of benefits to which you are otherwise entitled.

Contact Information

If you have any questions about the study or your rights as a participant, please contact:

Principal Investigator: _____

Phone/Email: _____

Consent & Signature

I have read and understood the information above. I consent to participate in this study.

Participant Name (printed): _____

Participant Signature: _____

Date: _____