

# 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: \_\_\_\_\_