

# Research Study Participation Authorization

I hereby authorize my participation in the research study entitled: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

I confirm that I have been informed about the purpose, procedures, risks, and benefits of this study. I understand that my participation is voluntary and that I may withdraw at any time without penalty.

Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_