

Agreement for Psychological Assessment Participation

This agreement is made between the undersigned participant and [Name of Institution/Professional] regarding participation in a psychological assessment.

Participant Information

Full Name:

Date of Birth:

Contact Number:

Assessment Information

- The purpose of the psychological assessment will be explained fully.
- Participation is voluntary, and you may withdraw at any time.
- All information will be kept confidential according to applicable laws and ethical standards.

Consent

By signing below, you acknowledge that you have read and understood the information above and agree to participate in the psychological assessment.

Participant Signature:

Date: