

Participant Authorization to Involve in Research

Project Title: _____

Principal Investigator: _____

You are invited to participate in a research study. Participation is voluntary and you may refuse or withdraw at any time without penalty.

Purpose of the Study

Procedures

Risks and Benefits

Confidentiality

Your identity and responses will be kept confidential to the extent permitted by law.

Contact Information

For questions about this research, contact: _____

Participant Name:

Date:

I voluntarily agree to participate in this study.

Signature: