

# Consent and Authorization for Research Involvement

## Participant Information

Full Name:

Date of Birth:

Contact Number:

## Consent

I have been provided with information about the research project and I understand what my participation involves. I understand that my participation is voluntary and I can withdraw at any time without penalty.

I agree to participate in this research study.

I authorize the use of my data as described above.

Participant Signature:

Date:

**Submit**