



**SIGNATURE SECTION – Please read carefully**

You are making a decision whether or not to grant your child consent to participate in psychology research. Your signature indicates that you have read the information provided above, you have had all your questions answered, and you have decided to allow her or him to take part in this research.

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date