



Consent Form

Research Project Title: School Dropouts Study

Research Investigator: _____

By signing below, I acknowledge and agree to the following:

1. I voluntarily agree to participate in this research project.
2. I understand that the interview will last approximately 20 minutes and may involve discussing sensitive topics related to school dropouts.
3. I have been informed that there are no anticipated risks associated with my participation, and I can withdraw at any time without penalty.
4. I have been informed that the data may be published anonymously, and quotes from the interview may be used in reports or publications to illustrate findings. I will be given the option to review any quotes used.
5. I can request a copy of my interview transcript for review.

No.	Full Name	Email Address	Phone Number	Signature	Date	I agree to be quoted directly	I agree to be quoted using a pseudonym
1						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Researcher's Signature: _____

Date: _____