**Parents’ Consent Form (Sample)**

Dear Parents,

We, MEF University Guidance and Psychological Counselling Department, carry out a research project called “………” which is supervised by …………… The purpose of our project is ..……………... We need your child to fill some questionnaires for our project.

Your child will fill out the questionnaire during school hours, if you give the necessary permission. Please be assured that questions that your child will answer would not have a negative effect on your child’s psychological development. All of your child’s answers will be kept strictly confidential and will be only used for scientific purposes. Your child has the right to withdraw any time after you sign this form. Summary of the research results will be shared with you.

Your children will contribute to find out ……………. by filling out the questionnaires. Please feel free to contact us for your questions regarding our research via e-mail or phone number given below.

Sincerely yours,

Name of the researcher

Phone

E-mail

I hereby give permission for my child to participate research project. I know that my child may withdraw anytime he/she wants to and I let the information that he/she has given will only be used for scientific purposes.

Parent’s name.........................................

Signature .........................................................