

## INFORMED CONSENT FORM

**Project title:** Deciphering the Morphological Correlation Between Stature and External Ear: An investigative approach in the field of Forensic Science

I confirm I have read the Participant Information Sheet for the above study and its contents were explained and I have had the opportunity to ask questions and received satisfactory answers.

I understand that my participation in the study is voluntary and that I have the right to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

I agree to take part in the above study. I confirm that I have received a copy of the Participant Information Sheet along with this signed and dated informed consent form.

Name of the Research Participant :

Age of the Research Participant :

Address of the Research Participant :

\_\_\_\_\_ Signature of the research subject  
Date

\_\_\_\_\_ Name & Signature of the person  
explaining the consent Date