


**New York University**
*A private university in the public service*

Faculty of Arts and Science  
 Graduate Program in Social Psychology  
 6 Washington Place, Seventh Floor  
 New York, NY 10003-6634  
 Telephone: (212) 998-7831  
 Fax: (212) 995-4966

Revised Apr. 05

**Parent's or Guardian's Informed Permission Form, for Students Earning Money**

PLEASE READ CAREFULLY BEFORE SIGNING

*A first-hand experience with laboratory procedures is an important part of many courses in psychology. At NYU, we take advantage of our faculty's active research programs to give students that experience. Students in most courses participate in carefully supervised studies, thus gaining otherwise unobtainable experience with original research in psychology.*

*We have both department and university-wide committees that approve studies for our students. These committees are very exacting in enforcing high ethical standards. Each of the research projects contains safeguards designed to protect the rights and welfare of the students who participate. All records are confidential, so the privacy of the student's data is protected.*

**The Study:** Your child, \_\_\_\_\_, is invited to take part in a study named Interpersonal Choices. It is being conducted by Celia Gonzalez who is the principal investigator, as part of her graduate training. She can be reached at [cmg250@nyu.edu](mailto:cmg250@nyu.edu), 212-777-9431, or at 6 Washington Place, room 760. The faculty sponsor of this work is Tom Tyler who can be reached at [tom.tyler@nyu.edu](mailto:tom.tyler@nyu.edu), 212-998-7816, or at 6 Washington Place, room 578.

**Its Purpose:** The study is designed to learn more about social decision making.

**Its Procedures:** If you give permission for your child to be in this study, he or she will be asked to do the following: write about social experiences and answer questions about a variety of individuals. Participation will take about 30 minutes, and he or she will receive \$3.

**Its Risks of Harm:** There are no known risks of harm associated with this study, beyond those of everyday life.

**Its Payments, Fees or Other Incentives:** Your child will be paid \$3 for completing this study. If he or she withdraws before the end of the study, no payment will be given.

**Its Benefits:** Although your child will receive no direct benefits for participation in this study, it may make your child more aware of how knowledge is discovered in psychology and help the investigator better understand social decision making.

**Your Child's Rights:** Participation in this study is completely voluntary. Non-participation or withdrawal will not affect your child's grade or academic standing in any way. He or she will have the right to skip or not answer any questions he/she prefers not to answer, in any interviews, questionnaires or surveys. Further, once participating, he or she may withdraw at any time.

**Confidentiality:** Confidentiality of your child's research records will be strictly maintained by assignment of codes not identifiable with real names until 5 years after publication, as recommended by APA. Following this time period the research records will be shredded and disposed of.

**Debriefing:** On completing the study your child will receive a thorough written explanation of it that you may ask to see.

*If there is anything about the study or your child's participation that is unclear or that you do not understand, if you have questions or wish to report a research-related problem, you may contact the principal investigator, Celia Gonzalez, at 212-998-7924, [cmg250@nyu.edu](mailto:cmg250@nyu.edu), or at 6 Washington Place, room 760, or the faculty sponsor, Prof. Tom Tyler, at [tom.tyler@nyu.edu](mailto:tom.tyler@nyu.edu), 212-998-7816, or at 6 Washington Place, room 578. For questions about your child's rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects (UCAIHS), NYU, (212) 998-4808 or [human.subjects@nyu.edu](mailto:human.subjects@nyu.edu). You have received a copy of this permission document to keep*

Permission Granted for my Child's Participation

 \_\_\_\_\_  
 Parent's or Guardian's Signature

 \_\_\_\_\_  
 Date
