

[Print this form on department letterhead paper.]

Parent's or Guardian's Informed Permission Form
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 WORD JUDGEMENTS. It is being conducted by ANNA-LISA COHEN who is the principal investigator. S/He can be reached at alc312@nyu.edu, 212-998-7629, Rm 755A. The faculty sponsor of this work is PROF. GOLLWITZER who can be reached at peter.gollwitzer@nyu.edu, 212-998-7875.

Its Purpose: The study is designed to learn more about how we process verbal material and how that material is represented in mind.

Its Procedures: If you give permission for your child to be in this study, he or she will be asked to do the following: He or she will perform a task in which letter strings appear on the computer screen one at a time and they need to make a judgment whether this letter string forms a word or not as accurately and quickly as possible.. Participation will take about 45 minutes and it will take place in one session.

Its Risks: There are no known risks associated with this study.

Its Payments or Other Incentives [only if not done for credit]: Your child will be paid \$10.00 or given 1.0 credit for completing this study. If s/he withdraws before the end of the study partial 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 how verbal material is represented in mind.

Consent: Participation in this study is completely voluntary. Non-participation or withdrawal will not affect your child's grade or academic standing in any way. Further, once participating, he or she may withdraw at any time and still receive his/her 1CREDIT/ \$10.00 offered in exchange for that participation.

Privacy: Confidentiality of your child's research records will be strictly maintained by assigning each participant a code number that will be used to identify the participant for future analyses and data handling. This code number will not be on any information that contains identifying information. Data will be locked in a cabinet in a locked office of Dr. Gollwitzer's lab. In five years after publication of the results, the data will be disposed by shredding and deleting any files on the computer.

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

The information above has satisfied me such that I agree that my child may participate in your study. If I have any additional questions or want to report a problem, I may reach the researcher, [YOUR NAME], or his/her Faculty Sponsor, [PROFESSOR X], at their contacts provided above. For questions about my child's rights as a research participant, I may contact the University Committee on Activities Involving Human Subjects (UCAIHS), Office of Sponsored Programs, NYU, (212) 998-2121.

I have received a copy of this permission document to keep.

Permission Granted for my Child's Participation

Parent's or Guardian's Signature _____
Date