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Parent's/ Guardian's Permission Form for Battery Supplement

Your child, ____________________________, has been invited to take part in a study called the “Battery Supplement.” It is designed to help faculty and graduate students in the NYU Psychology Department conduct research by providing data from psychological scales. It is being conducted by Professor James Uleman, a faculty member and investigator in the Psychology Department and the Director of the Psychology Subject Pool. Because your child is under 18 years of age, he or she must have parental or guardian permission before his or her responses to the measures can be used in research studies.

The Battery Supplement consists of a series of scales about an individual’s feelings, attitudes and beliefs, knowledge of attitudes held by society in general, and perceptions of one’s own personality characteristics. The Battery Supplement takes about a half hour to complete.

Your child has been asked for his/her informed consent for participation in this research. In addition, your child has been asked to indicate whether or not s/he is willing to be contacted to participate in additional studies, if his/her responses to these measures qualify your child for them. Giving your consent, as well as permission for your child to be recruited, is entirely up to you and your child. Whatever you and your child decide will not affect your child’s grades or academic standing in any way, and you child will still get a half hour’s research credit for this study.

If your child qualifies for additional studies, we will need a way to contact him/her. Some researchers may want to contact him/her because they are seeking particular kinds of participants. If your child is willing to be contacted particular studies, he or she filled out and submit a Confidentiality Key which includes his or her personal identity and contact information. How your child’s contact information might be used is described in detail later in this Permission Form, and you are asked about the uses to which you consent.

There are no known risks associated with your child’s participation in this research beyond those of everyday life, although some scales may ask about sensitive topics or issues. If your child finds any of the measures upsetting, your child may speak with Professor Uleman or the NYU counseling services at 212-443-9999. Although your child will receive no direct benefits for taking part in this research, it may make him/her more aware of how knowledge is discovered in psychology and the kinds of scales used in a wide range of research programs.

Taking part in this study is voluntary. Except for a few basic demographic questions at the beginning, your child has the right to skip or not answer any scales or questions s/he prefers not to answer. The decision you and your child make to take part, to skip scales or questions, or to withhold consent for using his/her responses as research data, will not affect your child’s grade or academic standing in any way.

Confidentiality of your child’s responses will be strictly maintained by separating them from the Confidentiality Key (if your child completes it). The data from the scales and Demographic Information Sheet (but not his or her identity) will be available to the researchers who contributed to this study, and to those working with them, if you give your permission on this form and your child consents. Your child’s responses to the scales will only be connected with his/her identity if your child completes the Confidentiality Key, and this Key will only be available to those whom you and your child authorize to contact him/her, below. Personal identifying information will never be directly linked with your child’s other responses in any research report, publication or presentation. Only summary or statistical data will be used, so that it will be impossible to identify your child or any other specific person from these reports. Data from this study will be
kept for at least 5 years, as recommended by the American Psychological Association. But de-identified data, which cannot be connected to any one person, may be kept longer.

1. **Permission for your child to participate:** I give my permission to having my child’s responses used for research, which may qualify him/her for additional studies. (Without your permission, s/he cannot qualify.)

   ___________________________   ___________________________
   Parent’s or Guardian’s Signature   Date

   ___________________________
   Parent’s or Guardian’s Name (please print):

As noted above, some researchers will want to select participants for particular studies, instead of relying on sign-ups. They may be looking for participants with particular skills, attitudes, beliefs, traits, cultural backgrounds, race, ethnicity or experiences. For example, they may want only left-handed people in their study. Or they may want to select a truly random sample of students from the class. If you and your child agree that your child may be contacted for particular studies through information on the Confidentiality Key, there are two ways this can happen. Either way, your child would be contacted only once per study.

**Contact by the Departmental Representative:** If you agree to this way of contacting your child, a designated Departmental Representative, who is specifically trained to keep participants’ identities confidential, will send him or her an email on behalf of researchers. The email will tell your child what studies s/he qualifies for, and invite him or her to sign up for them. Whether or not your child signs up for those studies is completely up to your child. Researchers will not know the identity of qualifying students (like your child) until they sign up for a particular study.

**Contact by Researchers:** If you and your child agree to this way of contacting him/her, the researchers will be allowed to review your child’s data and contact him or her directly by phone or email. They would call or email your child. The psychology department prefers this option because it is administratively simpler. But under it, your child’s identity will be known by researchers doing the studies for which your child qualifies, whether or not your child signs up for the studies.

Note that even if your child qualifies for a particular study (e.g., s/he is left-handed), we cannot get in touch with your child, to let him/her know this, unless you answer “Yes” to at least one of these two questions.

2. I agree that my child can be contacted by the Departmental Representative, if my child qualifies for particular studies.

   ____ Yes   ____ No

3. I agree that my child can be contacted by researchers working on particular studies, if my child qualifies for them.

   ____ Yes   ____ No

If there is anything about the study or your child’s part in it 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 Professor Uleman at 212/998-7821, or at jim.uleman@nyu.edu, or at the Department of Psychology, 6 Washington Place, Room 753. 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 ask.humansubjects@nyu.edu, 665 Broadway, Suite 804, New York, NY 10012.

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