New York University
A private university in the public service
Faculty of Arts and Science
Department of Psychology
6 Washington Place, Room 601
New York, NY 10003-6634
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Parental/Guardian Permission Form for Department Pool Participants Earning Credit
IRB-FY2016-1357

Your child, ___________________________, is invited to take part in a study named Auditory Cognition. The study is designed to learn more about how the brain processes different types of sounds. The research is being conducted by Prof. David Poeppel, Ph.D., who is the principal investigator, who is the principal investigator, as part of his faculty research in the NYU Department of Psychology.

If you permit participation in this study, your child will be asked to be interviewed about your handedness, answer some questions about your musical experience, and make judgments and responses to different types of sounds, which may include sinusoidal or “pure” tones, noise, musical instruments, voices, and speech. Video and/or audio recordings may be taken to confirm that the tasks are performed correctly. You will be notified if these recordings will be taken. All personal identifying information will be removed from such recordings: the camera will be focused on your lips and hand(s), and these recordings will be assigned random codes for each participant for purposes of confidentiality. Participation will take about 1 hour, and your child will receive 1 credit for laboratory participation towards the course research requirement. If your child withdraws from the study, your child will receive credit for the time completed. Your child can fulfill the course requirement in other ways besides participating in research.

There are no known risks associated with participation in this research beyond those of everyday life. Although your child will receive no direct benefits for participation in this study, your child may become more aware of how knowledge is discovered in psychology and help the investigator better understand how the human brain interprets various sounds.

Taking part in this study is voluntary. Not taking part or withdrawing from the study will not affect your child’s grades or academic standing in any way. Your child has the right to skip or not answer any questions he/she prefers not to answer. When your child completes the study, a thorough verbal and written explanation of it will be provided.

If audio recordings are obtained, he/she may review these recordings and request that all or any portion of the recordings be destroyed.

Your child’s responses will be kept confidential with the following exception: the researcher is required by law to report to the appropriate authorities, suspicion of harm to your child, or to others. Confidentiality of your child’s research records will be maintained by using only random codes for each participant. The code key connecting your child’s name to specific information about your child will be kept in a separate, secure location. The data from the study will be kept at least until 5 years after publication, as recommended by the American Psychological Association. When it is destroyed, this will be done by deleting all files on all storage media and destroying the
storage media as well as any stored forms. Information not containing identifiers may be used in
future research or shared with other researchers without additional consent.

If there is anything about the study or taking 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, David Poeppel, at 212-992-7489, david.poeppel@nyu.edu, 6 Washington Place, New
York, NY 10003.

For questions about your rights as a research participant, you may contact the University Committee
on Activities Involving Human Subjects (UCAIHS), New York University, (212) 998-4808 or
ask.humansubjects@nyu.edu, 665 Broadway, Suite 804, New York, NY 10012.
Check one:   _____ I am at least 18 years of age.
   _____ I am not yet 18 years of age, so I include a signed Parental Permission form.

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

Permission

________________________________________  _______________________
Parent’s Signature                  Date

Parent’s Name (please print): ________________________________

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Approved on 8-15-2019