



Department of Psychology  
Mail Stop #948  
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University of Toledo  
Toledo, Ohio 43606-3390

## PSYCHOLOGY RESEARCH PERMISSION FORM

**Research System Coordinators:** *Jason Rose, Assistant Professor, x2278*  
*Jaclynn Sullivan, Graduate Student, x5963*  
*Ashley Murray, Graduate Student, x8441*

**Purpose:** Your child is being invited to participate psychology research as part of their Principles of Psychology course. This research is being conducted at the University of Toledo under the coordination of Dr. Jason Rose, The Psychology Department research coordinator, and Erin Vogel, the student research representative. The purpose of the requirement is to expose students to the research being done in this field of study.

**Description of Procedures:** This research will take place in University Hall and will last anywhere from 30 minutes to 3 hours. Students will be asked to perform activities such as filling out surveys on a computer, completing personality inventories, and evaluating videos. After students have completed participation, the research team will debrief them about the data, theory and research area under study and answer any questions they may have about the research.

**Potential Risks:** There are minimal risks to participation in these studies including loss of confidentiality. Before participating in each study, students will have the opportunity to read a consent form to learn more about the research. They can also withdraw participation at any point within each study without incurring any penalty.

**Potential Benefits:** Students who participate in this research will learn about how psychology experiments are run and may learn more the subject of the particular research they complete. Others may benefit by learning about the results of this research.

**Confidentiality:** The researchers will make every effort to prevent anyone who is not on the research team from knowing that students provided information for a particular study, or what that information is. The consent forms with signatures will be kept separate from responses, which will not include names and which will be presented to others only when combined with other responses. Although researchers will make every effort to protect students' confidentiality, there is a low risk that this might be breached.

**Voluntary Participation:** A student's refusal to participate in a particular study will involve no penalty or loss of benefits to which they are otherwise entitled and will not affect their relationship with The University of Toledo or any of their classes. They may discontinue participation at any time without any penalty or loss of benefits. In terms of PSY 1010 research credit, if students decide to discontinue their participation at any point in a study, they will still receive research credit.

**Contact Information:** Before students decide to accept any invitation to take part in a study, they may ask any questions that they might have. If you have any questions regarding the psychology research requirement at any time, you should contact the research system coordinators (Dr. Rose, 530-2278, or Jaclynn Sullivan 5963). If you have any questions at any time before, during, or after your participation you should contact Dr. Rose (530-2278). If you have questions beyond those answered by the research team or rights as a research subject or research-related injuries, the Chairperson of the SBE Institutional Review Board may be contacted through the Office of Research on the main campus at (419) 530-2844.

**SIGNATURE SECTION – Please read carefully**

You are making a decision whether or not to grant your child consent to participate in psychology research. Your signature indicates that you have read the information provided above, you have had all your questions answered, and you have decided to allow her or him to take part in this research.

\_\_\_\_\_  
Name of student (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent/guardian (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date