**Department of Psychology  
Minnesota State University Moorhead  
Informed Consent Form**

Please read this consent agreement carefully before agreeing to participate in this experiment.

**Title of Study: Recognizing Words**

**Purpose of the study:** We hope to learn what types of information influence the spoken word recognition process and how presentation conditions affect word recognition.

**What you will do in this study:** If you decide to participate, you will be asked to listen to a series of spoken items and make decisions about them. The decision will involve an identification response (quickly reporting what you have just heard). A debriefing session in which the particulars of the study are explained will be held immediately following the experiment.

T**ime required:** The entire experiment will last about 30 minutes.

**Risks:** There are no anticipated risks associated with participating in this study.

**Benefits:** You will acquire first-hand experience regarding how psychological research is conducted. At the end of your participation, you will receive a thorough explanation of the study. A summary of the overall results will be posted on the research bulletin board in the Psychology Department at the end of the semester.

**Compensation:** At the end of your participation, you will receive a card which may be submitted for extra credit in a psychology course (if allowed by the instructor).

**Confidentiality:** The responses in this study are being collected for research purposes only. Records of your responses will be stored in the office or lab of the primary investigator in a locked filing cabinet, and only researchers directly involved in the study will have access. Response sheets are coded anonymously, and you will not be personally identified in any report or publication resulting from this study. If information is collected electronically via MediaLab or Direct RT, all data will be stored without names or identifiers.

**Participation and withdrawal:** Your participation is completely voluntary. If you decide to participate, you are free to discontinue your participation at any time by informing the experimenter you no longer wish to participate.

**Contact:** Please contact me through Dr. Christine Malone in the Psychology Department, office: Br 360 G, phone: (218) 477-2804, and email: [malonech@mnstate.edu](mailto:malonech@mnstate.edu).

**Whom to contact about your rights in this experiment:** Psychology Departmental Review Committee Co-Chair, Dr. Rochelle Bergstrom, [bergstro@mnstate.edu](mailto:bergstro@mnstate.edu), (218) 477-4084 or Dr. Lisa Karch, Chair of MSUM Institutional Review Board at irb@mnstate.edu or (218) 477-2134.

**Agreement:** The purpose and nature of this research have been sufficiently explained and I agree to participate in this study. I understand that I am free to withdraw at any time without incurring any penalty.

**In signing this agreement, I also affirm that I am at least 18 years of age or older.**

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Name (print)

**\*\*You may request a copy of this form for your records**