



Department of Psychology
6001 Dodge Street
Omaha, Nebraska 68182-0274
PHN (402) 554-2592
FAX (402) 554-2556
psych@unomaha.edu

Research Participation Permission Form

Student's Name: _____

Student's Social Security Number: _____

Student's Classes and Instructors Offering Research Participation:

Nebraska law dictates that individuals under the age of 19 who wish to participate in ANY research project must obtain permission from a parent or legal guardian.

I grant _____ permission to participate in research conducted by the Psychology Department at the University of Nebraska at Omaha (UNO). I realize that the student has the opportunity to choose to participate in different research projects or choose to participate in a non-research study.

The Institutional Review Board (IRB) will review each of the research projects conducted by the UNO Psychology Department.

Signature of Parent or Legal Guardian

Date

Revision date: July 2005