

## **Consent form: Variation in Arizona Spanish**

I, \_\_\_\_\_, have been asked to participate in this research study,  
which has been explained to me by \_\_\_\_\_.

4 This study is being conducted by Professor Ana M. Carvalho and her students at the University of  
5 Arizona as part of the project “Spanish in Arizona”. I am being asked to participate in this study because I  
6 am a speaker of Arizona Spanish.

7 I understand that the purpose of this study is to document and analyze the Spanish varieties spoken in  
8 Arizona.

I understand that I will be asked about myself and my community for approximately 60 minutes, and to answer questions about my use of Spanish and English. I also understand that the conversation I provide will be recorded and archived, in addition to a transcription of the conversation, non-identifiable demographic information about myself, and my responses about my use of Spanish and English. The archives will be made available for researchers who are interested in analyzing Arizona Spanish.

14 My participation is voluntary. I may decline to answer any question, I may choose to stop the interview at  
15 any time, and I may demand that the whole or parts of the interview be deleted on spot and/or not added  
16 to the corpus. I have been allowed to ask questions regarding this study. I will be given a signed copy of  
17 this form for my records.

18 I understand that this study is not direct benefit to me but the knowledge gained may be of benefit to  
19 others, including those interested in how Spanish is spoken in the United States today.

20 If I have any questions regarding this study I may contact Professor Ana M. Carvalho by phone at 520-  
21 751-1224 or 520-621-3639, by mail to Department of Spanish and Portuguese, Modern Languages 545,  
22 University of Arizona, Tucson, AZ 85721-0067 or by e-mail at [anac@email.arizona.edu](mailto:anac@email.arizona.edu). If I have any  
23 questions or concerns about my treatment as a participant in this study, I may contact the Human Subjects  
24 Protection Program, Office for the Responsible Conduct of Research, by calling (520) 626-6721 at the  
25 University of Arizona.

26 I understand that in any research that results from this interview, neither my name nor any information  
27 from which I might be identified will be published or shared in any form. Recordings of my interview  
28 will be kept permanently archived in a secure location. I understand that no personal damaging  
29 information will be requested or included, and that any information I give in the interview will be kept as  
30 anonymous as possible. I understand that portions of the interviews or transcriptions may be used for  
31 presentation at professional conferences or classrooms for teaching purposes and on the internet.

32 I have read the above information and have sufficient information to decide to participate in this study.

33 \_\_\_\_\_ I volunteer to participate in this study

34 \_\_\_\_\_ I give permission for the audio-recordings, demographic and linguistic information about me, and  
35 interview transcripts to be archived permanently for future research and teaching purposes.

36 Name of the participant: \_\_\_\_\_ Signature: \_\_\_\_\_