**Title of Research Study:**

The study of Yoruba language for forensic speaker identification purposes

**Principal Investigator(s) (include faculty sponsor), Texas State affiliation, and Telephone** **Number(s):**

Dr. Augustine Agwuele. Dept of Anthropology, 245-4726

**Funding source:**

REP 2010

***Informed Consent to Participate in Research***

**Texas State University-San Marcos**

You are being asked to participate in a research study. This form provides you with information about the study. The Principal Investigator (the person in charge of this research) or his/her representative will also describe this study to you and answer all of your questions.

The Department of Anthropology and The Texas State University-San Marcos require that all subjects who participate in studies give their written consent to do so. A description of this study appears below.

Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part. Your participation is entirely voluntary and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled

**Study Description**

This is an acoustic study of Yoruba speech sounds. The aim is to collect and analyze linguistic data from Yoruba speakers in Ibadan in order to ascertain, and quantify the cues that are unique to the sounding of their language as conveyed by their voices, through which hearers are able to group them together as having Yoruba cultural roots. Collection of data should be completed within three weeks

**What will be done if you take part in this research study?**

If you decide to participate, you will be invited into a sound attenuated room at the Department of Modern Languages, University of Ibadan. You will be presented with a list of words to read into a microphone. This will be recorded. You will also be asked to have a conversion with the PI in Yoruba; this will be recorded as well. Each recording session for each participant will take approximately 2 hours. It involves the use of microphones and portable voice recorder as well as computer.

**What are the possible discomforts and risks?**

There are no known discomforts, risks, or inconveniences connected to this type of research. Of course there may be risks that are unknown at this time, but this is highly unlikely.

**What are the possible benefits to you or to others?**

Your participation will provide us with human speech samples to analyze. Our measurements will allow us to better understand linguistic profiling as well as issues involved in the production and perception of speech. Also, there is the possibility of generating insights that will be valuable to machine reading for the blind and literacy programs

**If you choose to take part in this study, will it cost you anything?**

Your participation in this study will not cost you anything except for your time.

**Will you receive compensation for your participation in this study?**

While participation is voluntary and given the custom of the land, you will be receive a $20 honorarium for your participation.

**What if you are injured -because of the study?**

Not applicable.

**If you do not want to take part in this study, what other options are available to you?**

Participation in this study is entirely voluntary. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with The Texas State University-San Marcos.

**How can I withdraw from this research study and who should I call if I have questions?**

If you wish to stop your participation in this research study for any reason, you should contact: Dr. Augustine Agwuele at (512) 245-4726. You are free to withdraw your consent and stop participation in this research study at any time without penalty or loss of benefits for which you may be entitled. Throughout the study, we will notify you of new information that may become available and that might affect your decision to remain in the study.

In addition, if you have questions about your rights as a research participant, please contact

*Becky Northcut, CIP Compliance Specialist*Office of Sponsored Programs  
Texas State University-San Marcos  
sn10@txstate.edu  
(ph) 512/245-2102 / (fax) 512/245-3847 or 1822   
JCK 489 & 440 - 601 University Drive  
San Marcos, TX 78666

**How will your privacy and the confidentiality of your research records be protected?**

Your participation in this experiment will be confidential. This means that any written, audio-taped, or digitized records will **not** contain any identifying information (e.g. name, initials, or address, etc.) with the exception of an assigned participant number or alphabets. As such, your identity cannot be determined by anyone who has access to the records of your responses with the exception of the Principal Investigator.

Since the sessions will be audio taped the cassettes will be coded so that no personally identifying information is visible on them. They will be kept in a secure place (a locked file cabinet in the investigator's office). They will be heard only for research purposes by the investigator and his associates. In some instances when the audio data is used in conjunction with a graduate student's thesis, a CD will be generated that may contain digitized portions of the recorded voice. This will be retained for possible future analysis by any investigator who chooses to access this data file. Your identity will not be known and confidentiality will always be maintained.

Authorized persons from The Texas State University of Texas-San Marcos and the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. If the research project is sponsored then the sponsors also have the legal right to review your research records. Otherwise, your research records will not be released without your consent unless required by law or a court order.

If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

Please feel free to ask the investigator any questions you may have before or after signing this consent form. The experimenter will give you a copy of this consent form.

**Signatures:**

**As a representative of this study, I have explained the purpose, the procedures, the benefits and the risks that are involved in this research.**

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**Printed name and signature of person obtaining the consent Date**

**You have been informed about this study's purposes; procedures, possible benefits and risks, and you have received a copy of this Form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time.**

**If after reading and understanding the above information and experiment description, you voluntarily agree to participate in this study, please sign below to indicate that you understand all of the above and that you give your consent to participate in this study as described.**

**Your signature does not constitute a waiver of any of your legal rights.**

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**Name of Participant Signature and Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Investigator Date**