

## Request to Conduct Research in CMCSS

Researcher Information	
<b>Name:</b>	
<b>Institution/Department:</b>	
<b>Position:</b>	
<b>Email:</b>	
<b>Phone Number:</b>	
<b>IRB Reference Number*:</b>	
Project Overview	
<b>Title of Research Study:</b>	
<b>Purpose of Study:</b>	
<b>Summary of Study Objectives:</b>	
Target Population	
<b>Age Range:</b>	
<b>Grade Level(s):</b>	
<b>Number of participants:</b>	
<b>Proposed Schools:</b>	
Consent and Assent Procedures	
<b>Parental Consent Requirements:</b>	
<b>Student Assent Requirements:</b>	
<b>Consent for Students 18 and Older:</b>	
<b>Consent for CMCSS Employees:</b>	
Current Data from CMCSS	
<b>Data Collection Tools*:</b>	
<b>Time:</b>	
<b>Collection Dates:</b>	
<b>Survey Approval:</b>	

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Historical Data from CMCSS	
<b>Data Descriptors:</b>	
<b>Dates:</b>	
<b>Source of these data:</b>	
Additional Details	
<b>Additional Information if needed:</b>	
Data Use, Security, and Privacy	
<b>Intended Use of Research Results:</b>	
<b>Data Security Measures:</b>	
Funding Disclosure	
<b>Grant or Funding Source:</b>	
Timeline and Extension Acknowledgment	
<b>Proposed Research Timeline</b>	
<b>Start Date:</b>	
<b>End Date:</b>	
<b>Extension Acknowledgment:</b>	By signing below, I acknowledge that further approval is required to extend research beyond the approved timeline.

Researcher Agreement	
I hereby certify that all information provided is accurate and agree to adhere to CMCSS research guidelines, policies, and federal and state laws protecting student and parental rights.	
<b>Researcher Signature:</b>	
<b>Date:</b>	

\* The approved IRB, all instruments, and all permissions must be attached with your request.

Enter N/A for any item not applicable to your research.