Approval to Conduct a School Based Research Study

As the authorized official of \_\_\_\_\_\_school, I am agreeing to the participation of \_\_\_\_\_school in the study entitled “\_\_” under the direction of \_\_\_\_\_. I have been given a full description of the project and have reviewed the following items and discussed their appropriateness with [Insert name of the investigator]:

* Measure 1
* Measure 2
* Listing of all research personnel who will be working in the schools

I understand that no research activities will be conducted until the Kean University IRB has reviewed and approved this study.

I understand I will be provided with a report on the outcome of the study within \_\_\_ months of completion.

I understand that I may withdraw the school’s participation at any time or prohibit the inclusion of any of the measures listed above.

If I have any questions about this research study I may contact the investigator, \_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_.

If I have any concerns about the conduct of this study I can contact the Kean University IRB at 908-737-3461.

Name authorized official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_