

APPENDIX J: SITE AUTHORIZATION

Title of the Study	
Researcher/s	
Researcher/s' Affiliation with Site	
Researcher/s' Phone Numbers	
Researcher/s' CUI Email Address <small>(or other if non-CUI affiliated)</small>	
Researcher/s' University Supervisor	
University Supervisor's Phone & E-mail	
Location/s where Study will Occur	

Purpose of the Study (1-2 paragraphs):

Procedures to be Followed:

Time and Duration of the Study:

Benefits of the Study:

Persons who will have access to the records, data, tapes, or other documentation (see Application Process Step C.3 of handbook):

Date when the records, data, tapes, or other documentation will be destroyed: _____

 Researcher's Signature

 Date

-----Authorization-----

I understand that participation in this study is confidential. Only the researcher, collaborators, and supervising professor will have access to participants' identities and to information that can be associated with their identities. Please check the appropriate box below and sign the form:

_____ I **give permission** for my organization to participate in this project. I understand that I will receive a signed copy of this consent form. I have read this form and understand it.

_____ I **do not give permission** for my organization to participate in this project.

Authorized Signature

Date

Printed Name and Title