

**NORTHFIELD PUBLIC SCHOOLS
ISD 659**

Request to Conduct Research in District 659

Name _____

Address _____

City/State/Zip Code _____

Telephone Number _____

Title or Research Project _____

Research Institution _____

School(s) or populations being studied _____

Anticipated beginning date _____ Ending Date _____

On a separate sheet of paper, describe:

- Purpose of research
- Planned use of results
- Your qualifications
- How the rights and privacy of human subjects will be protected
- How the research will benefit District 659 and / or will contribute to the advancement of education in general

Signature Date

Date Request Received _____

Request Approved _____

Rationale _____

Signature of Superintendent Date

cc: Superintendent
Principal(s) affected