

**Permission to Conduct Independent Research, Collect Data,
Administer Tests, or Administer Other Survey Type Instruments
in the Muscogee County School District**

Name of Primary Researcher _____

Address _____

City/State/Zip _____

Contact Number _____ Alternate _____

Email Address _____

Secondary/Other Researcher _____

Address _____

City/State/Zip _____

Contact Number _____ Alternate _____

Email Address _____

MCSD Employee Yes _____ No _____

School _____ Position _____

Is the research for undergraduate/graduate course credit? Yes _____ No _____

If yes, please provide name of the institution, area of study, course title, and name of the instructor.

Institution _____

Area of Study _____

Course Title _____ Instructor _____

Instructor Contact Number _____

Beginning Date for Study _____ End Date _____

Number of Subjects _____

Purpose of the Study _____

Problem Under Investigation _____

Hypothesis/Research Question _____

Specify the data requested. Please indicate name of test(s), school(s), year(s) and grade(s) _____

Give a brief description of statistical treatment (plan for analyzing the data) of data. _____

Please carefully read the statements below. By signing this form, you are acknowledging that you have read, understand and agree with the terms of the research request. Once all of the necessary documents have been received and reviewed by Research, Accountability, and Assessment (RAA), the request will be recommended for or not recommended for approval by the MCSD Superintendent. The MCSD Superintendent has the right to disapprove a request even if recommended for approval by this office.

- Professional Ethics will be observed in all aspects of the research including data collection, confidentiality of participants' identities, and reporting.
- The school system, school(s), students, or other personnel cannot be identified by name.
- The researcher(s) have read the Policy for Release of Student Records as adopted by the Muscogee County School District and located in the Board of Education Policy Manual.
- The researcher(s) agree(s) that a file copy of the research paper will be submitted to RAA for professional and legal purposes before it is released to anyone else.
- If the researcher(s) proposes to administer an instrument, a copy must be submitted with the request.
- If this is a school project, attach a letter from the teacher who will be supervising the research.
- If required, please attach form from Institutional Review Board for Human Subjects.

Signature _____ Date _____

Signature _____ Date _____