



External Research Request

APPLICATION COVER PAGE

Name of Applicant (Principal Investigator)

Date

Title of Study

How does the study benefit PSJAISD?

School(s)/Department(s) Affected

***Sponsor(s) (see definition below)**

Dates of Research

Anticipated submission date of final report to Research Review Panel

*Sponsor:	<i>Applicant's Immediate Administrator (Director/Principal) (required for district employee) Applicant's Chairperson/Faculty Advisor (required for Master's/Doctoral students) District Associate Superintendent Approval (required for outside research agencies) Principal/Director at EACH participating study site</i>
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PRE-APPROVAL PROPOSAL FORM

You must submit your proposal AND receive preapproval from each appropriate sponsor:

- **Study Site Sponsor** – Your proposal must be preapproved by EACH study site’s administrator (Director-Central Office/Principal-Campus). This step allows the study-site administrator to review the research you are requesting, answer questions, and agree or disagree to the study.
- **Faculty Advisor/Chairperson Sponsor** – Your proposal must be preapproved by your thesis/dissertation chairperson.
- **District Administrator Sponsor** – If you are an employee of the district, our immediate administrator (director/principal) must sign a copy of this form.
- **Research Agencies** – If you are conducting a study for an outside-research organization, you must obtain approval from an assistant superintendent.

PROPOSAL PRE-APPROVAL FORM
(Must be approved by EACH appropriate sponsor)

Name of Applicant (please print)

Signature of Applicant

Date

Title of Study (copy of proposal should be presented for review/discussion)

- The applicant **has** presented the proposal AND has obtained the necessary permission to submit a request to conduct research.
- The applicant has presented the proposal and **has not** obtained the necessary permission to submit a request to conduct research.

Approved by (please print name and title)

Site name

College Organization/Campus/Department:

Approved by (signature)

Date



APPLICATION FORM

All fields are required. Incomplete submissions will be delayed.

BASIC APPLICATION FROM (To be completed by the Applicant)

APPLICANT NAME:

Name (please print)

MAILING ADDRESS:

Street

City/State

Zip

If applicant is a student, check purpose of project: Thesis or Dissertation

Name of faculty advisor: _____

UNIVERSITY/
ORGANIZATION:

CONTACT
INFORMATION:

Daytime Phone

Cell Phone

	Yes or No <input type="checkbox"/> <input type="checkbox"/>
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*Fax

Can receive confidential information at this number?

	Yes or No <input type="checkbox"/> <input type="checkbox"/>
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*Email Address

Can receive confidential information at this number?

TITLE OF STUDY:

DATE OF STUDY:

Study Start Date

Study End Date

STUDY SITES:

****You must be able to receive confidential information through fax or email.***



CONFIDENTIALITY AGREEMENT FORM

CONFIDENTIALITY AGREEMENT FORM (To be completed by the Applicant and EACH Sponsor)

I _____ understand and agree:
(print name)

- To follow all PSJAISD guidelines, policies and procedures.
- To provide a copy of the final report for review knowing the report may be shared within the district at the district's discretion. (Signed Letter of Commitment)
- To not use the name of the district, school, or individual in any publication as a result of the research study without prior written authorization from the Superintendent of Schools.
- To destroy any personally identifiable data immediately upon completion of the research study.
- To protect confidentiality and not distribute any data, dataset or output reports that are generated due to this request without prior written authorization from the district.
- To prevent unauthorized disclosure of confidential information. Any unintentional or negligent release of confidential student information may lead to the immediate revocation of any contract (or research project) that I may be performing and may also subject me to a legal cause of action for violation of an individual's civil rights in addition to state or federal criminal penalties. Unauthorized disclosure is illegal as provided in The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).

Approved by (signature)

Date

Applicant's Sponsor's Name (please print)

Date

Applicant's Sponsor's Signature

Date

Office Use Only:

Approved

Denied

Superintendent of Schools Signature

Date



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(print name)

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Approved by (signature)

Date

Applicant's Sponsor's Name (please print)

Date

Applicant's Sponsor's Signature

Date

Office Use Only:

Approved

Denied

Superintendent of Schools Signature

Date



ASSURANCES TO PHARR-SAN JUAN-ALAMO ISD FORM

To complete your application, project contact and supervisor or student and advisor must sign the following:

- 1. Pre-Approval Proposal Form
2. Assurances to Pharr-San Juan-Alamo ISD Form
3. Access to Confidentiality Data Form

Please return these forms:

Pharr-San Juan-Alamo ISD
Research Review Board
c/o Grants Department
601 East Kelly, Pharr Texas 78577

A. I understand that I am requesting assistance in a research and evaluation project and I am not requesting information pursuant to the Texas Open Records Act. If my request to conduct research and evaluation assistance is granted, I agree to abide by all policies, rules, and regulations of the Pharr-San Juan-Alamo ISD including securing written parental permission prior to implementation of my project, and maintaining the confidential nature of records, and the privacy and rights of the individual and school.

Main Project Contact Person / Student

Name (please print)

B. I understand that supervision of this project and responsibility for a report on its outcome rests with me. I also understand that the privilege of conducting future studies in the Pharr-San Juan-Alamo Independent School District is conditional upon the fulfillment of such obligations.

Main Project Contact Person / Student

Name (please print)