SUNY Broome Community College

**Institutional Review Board**

**Authorization Agreement Form**

This Institutional Authorization Agreement is requested by --------------------------------------- for the purpose of conducting a research study from -------------------------------------- University.

**Principal Investigator’s Contact Information:**

Name:

Title:

Institution:

Department:

Mailing Address:

Phone:

Personal Email:

Campus Email:

**Research/Dissertation Chair Contact Information (if applicable):**

Name:

Title:

Institution:

Department:

Mailing Address:

Phone:

Campus Email:

Committee Member (complete if dissertation):

Committee Member (complete if dissertation):

**Project Title:**

**Participants to be studied (e.g students, faculty, staff etc):**

**How Participants will be contacted (phone, e-mail etc) and means of interview (surveys, interviews, focus groups etc.):**

**Project Proposal Summary:**

**Primary Investigator Signature:**

I, ……………………………….., will abide by all ethical standards set forth by ……………………… University and SUNY Broome Community College. I will also respect and protect the rights and welfare of all participants of this study. Furthermore, I will keep all personal records and details of participants confidential and only utilize the data collected for the purpose of educational research.

Signature: Date:

**SUNY Broome IRB Chair Signature:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: