**Letter of Agreement**

Letters of agreement are needed if the research project requires collaboration with another department, institution, or organization to recruit participants or access any of their records, data sources, or to conduct the study. Recruitment of subjects from a classroom, clinic or other setting requires a letter of agreement from the instructor, clinic, or agency. This ensures that critical information about the research study has been shared with the appropriate parties and that permission has been granted to recruit subjects and conduct the study within that setting.

Letters of agreement should be completed on the letterhead of the appropriate party. The below serves as a template and may be adapted to suit needs.

**Letter of Agreement (Template)**

Date:

To the SUNY Broome Community College IRB Board:

I have discussed and understand the purpose and expected involvement of the research study to be conducted by \_\_\_\_\_\_\_\_\_\_\_\_\_ (*insert name of Principal Investigator*) for the project titled \_\_\_\_\_\_\_\_ (*insert project title*). I understand that the study will \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*insert a discussion about the nature of the study and/or recruitment procedures, which will occur within the setting, including the type of participants, how they will be contacted, and the activities in which they will engage*).

 I understand that all research conducted will be conducted in a manner consistent with federal regulations for human subjects research, and that the confidentiality of the subjects and data will be maintained, as outlined within the project study.

As an authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_ (*insert name of institution/agency*), I agree that the research project may be conducted at our agency/institution, contingent upon IRB approval from SUNY Broome Community College, during the period of \_\_\_\_\_\_\_\_\_ (*insert start date*) to \_\_\_\_\_\_\_\_ (*insert end dat*e).

If you have any questions regarding site permission, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*insert phone number and email*).

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Signature of authorized representative Date