

**REQUEST TO CONDUCT RESEARCH IN THE GRAND FORKS PUBLIC SCHOOLS**

Name:	Phone:
Address:	Email:
Research Advisor:	College/Dept.:
Research Title:	

Give a brief description of your research below. Attach additional papers if necessary. Please attach sample copies of any assessment instruments, tests, or communications to be used.

Number of students needed for research:	Number of teachers needed for research:	Grade Level or Dept.:
What schools are you interested in conducting research in?		
Will confidential records be required? (If yes, indicate which records.)		
Length of time required to complete the research:		

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**To be completed by School District Official:**

<input type="checkbox"/> Approved as requested	OR	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Approved to conduct research in the following schools:		
Signature of Superintendent:	OR	Signature of School Board President:
Date:		Date: