

RESEARCHER'S REQUEST FOR CONFIDENTIAL RECORDS OR HUMAN SUBJECTS RESEARCH

INSTRUCTIONS:

1. Fill out this form completely for research dealing with confidential records or human subjects.
2. If more than one person is conducting the research, this form should be completed by the principal researcher.
3. Feel free to add attachments if necessary and / or include any additional information you believe is relevant.
4. Depending upon the nature of the information supplied below, the Department may ask the researcher to supply additional information or assurances before making a final decision.

Name – Researcher	Agency / Organization Represented by Researcher (If Applicable)	
Address (Street, City, State, Zip Code)		Telephone Number
Project Title (If Any)		

Identify the confidential records being requested

On a separate attachment, describe the purpose of your research and how you intend to use the requested records.
At a minimum, the following must be included:

1. The purpose of your research, the significance of this research and the relationship of this research to other research. For research involving "human subjects", the following information will need to be provided:
 - a. Specify the sample to be studied: (age, sex, location, etc.)
 - b. Specify the number of cases in the study and how the sample is selected.
 - c. When will the data be gathered?
 - d. How will the information be obtained? (i.e., interview, existing data, questionnaire, standardized test, etc. Attach two copies of all tests and / or rating schedules to be used.)
2. The particular procedures you intend to follow in examining and in analyzing the data.
3. To whom you will disclose the confidential record information.
4. The type of report to be prepared.
5. To whom your reports will be disseminated.
6. Projected timeframe / deadlines.

Describe your employment, academic or other background pertinent to the research; indicate the name(s) and affiliation(s) of any person(s) supervising your project; and describe the background of the supervisor. List names of any other people not already mentioned who will participate in conducting the research.

Assurances (Indicate your response by checking the appropriate box.)

- Yes No 1. Do you agree not to report this information in any way that identifies or could lead to the identification of individuals or otherwise violates confidentiality requirements?
- Yes No 2. Do you agree to collect and use the information contained in these records only in the manner described in this request and attachments, subject to any penalties imposed by law?
- Yes No 3. Do you agree not to reproduce these records or remove them from the Department without express permission from the Department?
- Yes No 4. Do you agree to provide the Department with copy(s) of your report?
- Yes No 5. There may be costs involved in retrieving these records. Do you agree to pay for the actual costs incurred by the Department in retrieving these records? (A cost estimate will be provided upon request.)

Please be advised that if your request is granted, any release of information contrary to the assurances above could result in penalties imposed by law and any violation of any of the above assurances will result in termination of DHS's participation in the research project.

SIGNATURE – Researcher	Title	Date Signed

FOR DEPARTMENT USE ONLY
(This form is to be processed pursuant to AD-50.)

Division Name	Bureau / Office
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RECORD CUSTODIAN DECISION

DECISION <input type="checkbox"/> Grant Request <input type="checkbox"/> Deny Request	SIGNATURE – Record Custodian	Date Signed
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PROGRAM OR HUMAN SUBJECTS REVIEW BOARD DECISION

RECOMMENDATION <input type="checkbox"/> Grant Request <input type="checkbox"/> Deny Request	SIGNATURE – Person Investigating Request	Date Signed
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DECISION <input type="checkbox"/> Grant Request <input type="checkbox"/> Deny Request	SIGNATURE – Designated Decision-Maker or Human Subjects Board Representative	Date Signed
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