

**Lancaster Independent School District
Office of Research and Evaluation
Form D - Principal's Permission for Research**



I. Research General Information (to be completed by researcher)

Title of the Study: _____

Name of Researcher: _____

Organization: _____ Project ID: _____

Street Address: _____

City: _____ State: _____ Zip: _____

II. Description of Research Proposal

Researcher is to provide a brief summary of the proposed research.

III. Researcher is to provide a copy of the Data Collection Time Requirement Form to the principal.

IV. Agreement (to be completed by principal)

I, _____, principal of _____ school, understand

- the study and what it requires of the staff, students, and/or parents in my school,
- that the privacy and confidentiality of any staff or student will be protected,
- that I have the right to allow or reject this research study to take place in my school,
- that I have the right to terminate the research study at any time,
- that I have the right to review all consent forms and research documents at any time during the study and up to three years after the completion of the study.
- I grant permission to the researcher to conduct the above named research in my school as described in the proposal.
- DO NOT grant permission to the researcher to conduct the above named research in my school as described in the proposal.
- I understand that data should be released only by the departments that maintain them. My staff and I will not release data to the researcher without prior approval from the Lancaster ISD Office of Research and Evaluation.

Signature of the Principal