



**DISTRICT OFFICE**  
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*www.northfieldschools.org*

**NORTHFIELD PUBLIC SCHOOLS NO. ISD 659**  
Request to Conduct Research in District No. 659

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Telephone number \_\_\_\_\_

Title or research project \_\_\_\_\_

Research institution \_\_\_\_\_

School(s) or populations being studied \_\_\_\_\_

\_\_\_\_\_

Anticipated beginning date \_\_\_\_\_ Ending Date \_\_\_\_\_

On a separate sheet of paper, describe:

- Purpose of research
- Planned use of results
- Your qualifications
- How the rights and privacy of human subjects will be protected
- How the research will benefit District 659 and/or will contribute to the advancement of education in general

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date Request Received \_\_\_\_\_ Request Approved \_\_\_\_\_

Rationale \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

cc: Superintendent  
Principal(s) affected