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

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