

**Parent Permission Form for Student Involvement in Research and Access to Student's
Confidential Records**

Contact Person: _____ Date: _____

Educational Institution Represented: _____

Research Project Title: _____

Proposed Location for the Research Project: _____

Participants Targeted for Study: _____

(Number and Description)

Proposed Beginning and Ending Dates for the Project: _____

Access to student confidential records: _____ or _____
Yes No

If access to confidential records is required, list the specific records for which parental consent is
requested: _____

The above research project has been approved by the MISD Research Review Committee
(Specific guidelines for conducting research in MISD are presented in MISD Board Policy GNC
(LOCAL).

_____ I hereby give permission for my child _____ to participate in the above
research project and for the researcher to have access to my child's confidential records for the
purpose of the research study.

Child's Name

Parent Signature

Date