

**Request to Conduct Survey/Research  
In  
Greene County Schools**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Organization: \_\_\_\_\_

**Attach document(s) in response to each item listed.**

- State the purpose of the survey/research.
- Describe in detail how the survey/research will be conducted. Include:
  - How the survey/research will be conducted
  - When the survey/research will be conducted (duration, time of day, etc.)
  - Where the survey/research will be conducted
- List names and contact information of all surveyors/researchers.
- List expected participants (i.e., principals, teachers, students & grade-level).
- Explain how results will be used.
- Explain how the results will be distributed
- Attach a copy of the parent/guardian consent, if needed.
- Attach a copy of the Internal Review Board (IRB), if the research is for a university or college.

**NOTE:** *The director of schools reserves the right to rescind permission for the survey/research at any time.*

Your signature documents that the information contained in this packet is accurate and results will not be used or distributed in any manner other than listed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit complete request to the director of schools for approval

**Approved**

**Not Approved**

\_\_\_\_\_  
Director of Schools Signature

\_\_\_\_\_  
Date