

San Diego Unified School District
 Request for Approval to Conduct Research in a Single School
 (For Advanced Degree Purposes)

Applicant's Name	Mailing Address	e-Mail Address	Daytime Telephone No.
Employer		University	Degree Sought
Work Location		Title of Proposed Study	
Position/Job Title			
Brief Description of the Study			
School to be Studied			
<p>With this completed form, submit the following to the Office of Research and Development, 4100 Normal Street, Room 2232, San Diego, CA 92103:</p> <ol style="list-style-type: none"> 1. Letter/memo from principal of school to be studied indicating preliminary/tentative approval of study. 2. Thesis or Dissertation Chairperson's Affidavit (fully completed). 3. Family Education Rights and Privacy Act compliance form (with applicant's signature). 4. One copy of a brief summary of the research project, of any parental, student, or other consent forms to be used and of all research protocols to be used. Protocols include any survey, interview, testing, assessment, or other research instruments used in the study. 			
For District Employees Only			
<p>If the proposed study is to be conducted at the San Diego Unified School District site or office where you work, discuss the project with your supervisor and have him or her sign this form. This only indicates that they have been made aware of the proposal. It does not denote approval or disapproval.</p>			
_____		_____	
Supervisor's signature		Applicant's signature	

SAN DIEGO UNIFIED SCHOOL DISTRICT
Office of Research and Development

THESIS OR DISSERTATION CHAIRPERSON'S AFFIDAVIT

Name of graduate student _____

The above-named graduate student has obtained the necessary clearance from this university to submit to San Diego Unified School District the master's or doctoral degree-seeking research proposal entitled:

I have reviewed this research proposal, in the form in which it is being submitted herewith, and judge it to meet the quality standards of this university, as well as the information requirements and research proposal quality expectations the school district has set forth in its Procedure No. 4930 research proposal application form.

Chairperson's name _____
(print)

Title _____

University _____

_____ Date _____
(Chairperson's signature)

**ASSURANCE OF COMPLIANCE WITH THE REQUIREMENTS
OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974**

_____ (hereinafter called the "Applicant")
Name of applicant

HEREBY AGREES TO COMPLY with the Family Educational Rights and Privacy Act of 1974, and all requirements imposed by or pursuant to regulation of the Department of Education and the San Diego Unified School District (including but not limited to Administrative Regulation and Procedure Nos. 6525 and 6527) to the end that the rights and privacy of the students enrolled in the San Diego Unified School District and their parents are not violated or invaded.

THIS ASSURANCE is given in consideration of and for purposes of obtaining approval to conduct research under the provisions of district Administrative Regulations and Procedure No. 4930. Such research may require access to individual student data. The provisions of the Family Educational Rights and Privacy Act of 1974 include, but are not limited to, ensuring that:

- No identification of students or their parents by persons other than representatives of the Applicant is permitted.
- The individual student data will be destroyed when no longer needed for the purpose for which they were obtained.
- No access to individual student data shall be granted by the Applicant to any other person, persons, agency or organization without the written consent of the pupil's parent, except for sharing with other persons within the district or representatives of the Applicant engaged in work specifically entailed by the research activities approved by the district.

The Applicant recognizes and agrees that such approval and access to individual student data will be extended in reliance on representations made in this assurance, and that the district shall have the right to enforcement of this assurance, or revocation of such approval and access immediately upon evidence of noncompliance by the Applicant. This assurance is binding on the Applicant and such persons as may be employed by the Applicant to assist in any phase of the research effort.

_____ Date _____
(Applicant's signature)

(Applicant's mailing address)