

Broken Arrow Public Schools

Research Request

Use this form to request permission for approval to conduct research in Broken Arrow Public Schools

Name of Person Who will Conduct Research _____

Date(s) of Research _____

School site(s) to be involved _____

I understand the criteria and obligations required to do a research study in the Broken Arrow Public School system and have attached a detailed application as outlined in Broken Arrow Public Schools' Policy for Conducting Research and Evaluation in Broken Arrow Public Schools. I understand the Principal's Agreement to Participate form must be signed and submitted prior to starting research.

Signature of applicant _____ Date of request _____

Research Approved _____ Research Denied _____

Research Review Board Chairperson _____