



CALIFORNIA STATE UNIVERSITY SAN MARCOS
San Marcos, California 92096-0001

CSUSM Center for Children and Families (CCF)

Research Request Form (Level III)

Research involves investigation, discovery and interpretation of facts, revision of accepted theories or laws in the light of new facts, or practical application of such new or revised theories or laws which may result in publication in educational journals.

Requirements: Written permission from the University Liaison to the Center for Children and Families, supervision by the CCF classroom teacher, interview and verbal permission from the Director of the Center for Children and Families, CCF Clearance Forms (Live Scan and Fingerprinting), and CSUSM's Institutional Review Board Approval including required parental consent forms as mandated.

- Tuberculin Clearance: Available at Student Health Services (http://www.csusm.edu/shcs) or your physician.
Live Scan Fingerprint Certificate: (www.ag.ca.gov/fingerprints/publications/contact.htm)
CSUSM Institutional Review Board (IRB) Approval: (http://www.csusm.edu/rgsip/irb/index.htm)

Faculty Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Course: \_\_\_\_\_

CSUSM Student Name: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

REQUEST DATA COLLECTION FOR \_\_\_\_\_ SEMESTER

DATES \_\_\_\_\_ TIMES \_\_\_\_\_

Please attach a description of the purpose for the research, TB and Live Scan Clearances, IRB proposal and approval, and consent forms.

[ ] APPROVED [ ] DENIED

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Dr. Maureen Fitzpatrick

PROFESSORS, return form via campus mail to
Dr. Maureen Fitzpatrick, University Liaison to the Center for Children and Families,
c/o Department of Psychology

Contact: Maureen Fitzpatrick mjfitzpa@csusm.edu