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| --- | --- |
| **Location Administrator Title**: | Click or tap here to enter text. |
| **Location Administrator Name:** | Click or tap here to enter text. |
| **Location:** | Click or tap here to enter text. |
| **Principal Investigator**: | Click or tap here to enter text. |
| **Research Project Title:** | Click or tap here to enter text. |
| **Location Administrator Title**: | Click or tap here to enter text. |

By signing this form, I grant permission for the Principal Investigator named above to conduct the research project indicated above at the specified location.

# Signature

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| Signature of Location Admin | Date |
|  |  |