|  |  |
| --- | --- |
| **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

|  |  |
| --- | --- |
|  |  |
|  |  |
| Signature of Location Admin  | Date  |
|  |  |