



Institutional Review Board  
2500 West North Ave., Baltimore, MD 21216  
Phone: 410.951.3510

## Institutional Review Board Authorization Form

1. Principal Investigator \_\_\_\_\_  
Student \_\_\_\_\_  
College/University \_\_\_\_\_  
Address \_\_\_\_\_  
Title of Study \_\_\_\_\_

2. Instruments  
1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_

3. I, \_\_\_\_\_ at  
\_\_\_\_\_ College/University having recognized my  
responsibility to obtain written permission to use the above stated tests/instruments in my  
research, have rightly done so. Therefore, appropriate documentation and a copy of the  
instrument(s) are attached for submission to the IRB.

The above document(s) has \_\_\_\_\_ has not \_\_\_\_\_ been obtained via public domain usage.

I accept the attached standard permission which has been granted from:

\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Investigator Signature \_\_\_\_\_ Date \_\_\_\_\_