ASSURANCES FORM

Instructions: Submit **FOUR** copies.

Assurances

I understand that I am requesting permission to engage in a research Project, and I am not requesting information pursuant to Open Records Legislation. If my research project requires participation with students, I understand that I may be subject to the appropriate School Board policy regarding background investigations, as well as any applicable costs associated. Additionally, if my request is granted, I agree to abide by all policies, rules and regulations of the District, INCLUDING THE SECURING OF WRITTEN PARENT PERMISSION PRIOR TO IMPLEMENTATION OF MY PROJECT.

Signed: _____ _____
Researcher Date

Signed: _____ _____
Sponsor/Advisor of Research Project Date

I have read the procedures for Research Projects in the Brevard County Public School System and understand that supervision of this project and responsibility for an outcome report rests with me. I also understand that the privileges of conducting future studies in the Brevard County Public School System is conditioned upon the fulfillment of such obligations.

Signed: _____ _____
Sponsor/Advisor of Research Project Date