



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
RESEARCH AGREEMENT AND DATA REQUEST

DATE

NAME OF REQUESTOR		ORGANIZATION	
PO BOX / STREET ADDRESS			
CITY		STATE	ZIP CODE
EMAIL		TELEPHONE NUMBER	

PROPOSAL INFORMATION

TITLE

PURPOSE (Field will expand for amount of text entered and flow onto additional pages as needed.)

BACKGROUND AND SIGNIFICANCE (field will expand)

RESEARCH DESIGN (field will expand)

BENEFIT TO THE DEPARTMENT OF CORRECTIONS (field will expand)

WHEN IS DATA NEEDED?

DATA REQUESTED

DESCRIBE DATA OR SERVICES REQUESTED (field will expand)

ARE YOU SEEKING PERSONAL IDENTIFYING INFORMATION? YES NO IF YES, WHAT PERSONALLY IDENTIFYING INFORMATION ARE YOU SEEKING? (field will expand)

HAVE YOU (OR WILL YOU) SEEK THE CONSENT OF THOSE PERSONS WHOSE PERSONAL IDENTIFYING INFORMATION IS BEING SOUGHT? (field will expand)

HOW DOES PERSONAL IDENTIFYING INFORMATION BENEFIT THE PROJECT? (field will expand)



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GENERAL PROVISIONS

1. I agree that anyone participating in this project will review and comply with the provisions of the Department of Corrections policy D1-6.3 Research Projects.
2. I agree that any information designated confidential by sections 217.075, 549.500, 610.035 RSMo, or any other provision of law shall not be disclosed by the researchers without the express written consent of the Department of Corrections.
3. I agree that data collected or obtained through cooperative research with the Department shall not be transferred to a third party without the approval of the Department.
4. I agree to forward a draft copy of the completed research project prior to publication or dissemination to the Department of Corrections, Office of Research and Evaluation.
5. I agree that publication of any part of the research project shall contain a statement that acknowledges the Department's participation in the project but disclaims endorsement of its findings.
6. I agree to submit a copy of the final research report to the Department of Corrections, Office of Research and Evaluation upon completion of the project.
7. I understand that the information provided may contain confidential and/or closed information pursuant to state and/or federal law and may be punishable under those statutes and/or regulations. I agree that the research project will take the necessary steps to comply with these statutes and regulations.
8. I understand that if this request is approved, every effort will be made to supply the data by the requested deadline; however, due to the high volume of such requests the Department cannot guarantee delivery by a certain date.
9. I understand the Department may charge for any research time or the cost of copying of records in accordance with section 610.026 RSMo.
10. I understand that the Department may withdraw from this agreement or project at anytime.

NAME	TITLE
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ORGANIZATION	DATE
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APPROVAL - FOR USE BY DEPARTMENT OF CORRECTIONS

NAME	TITLE	DATE
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COMMENTS