

RESEARCH AGREEMENT

TITLE OF STUDY _____

NAME & ADDRESS OF RESEARCH ORGANIZATION/SPONSOR _____

NAME, ADDRESS & TELEPHONE NUMBER OF PRINCIPAL RESEARCHER _____

The researcher agrees to abide by all Department of Corrections and Community Supervision policies which govern the conducting of research.

WHEREAS, the Federal regulations (28 C.F.R. Part 20) impose certain limitations on the use of inmate criminal history information, and mandate that recipients of this information agree to the following conditions:

The researcher agrees that he/she is aware of the substance of the Federal regulations, and that each of the researcher's staff members shall be made aware of the substance of the Federal regulations.

The researcher will use this information only for the purpose of (state purpose):

The researcher will not disseminate this information to anyone or any entity not entitled to receive the information by the laws of the State of New York or Federal Law.

The researcher agrees to institute whatever steps and procedures necessary to adequately protect the security of any Department of Corrections and Community Supervision records received by the researcher from fire, theft, flood, or other disaster, and from unauthorized penetration and disclosure.

The researcher agrees to permit the Department of Corrections and Community Supervision to monitor and audit the researcher's compliance with the requirements of the preceding paragraph.

The researcher agrees that the identity of individuals who are identified as abusers of drugs and or alcohol will not be disclosed in any report, or in any other manner.

The researcher agrees to permit a staff member assigned by the Department to monitor the research project while in progress.

The researcher agrees to submit a plan discussing the anticipated use and dissemination of the research findings for approval prior to the start of research.

The researcher agrees to submit all research findings to the Department for review and comment prior to actual use or dissemination of the findings.

Researcher

Date

The New York State Department of Corrections and Community Supervision hereby approves the request of

(Name of Researcher) _____ to

conduct the study described above and in the attached application.

Director of Research

Date