

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
RESEARCH AGREEMENT

TITLE OF STUDY: _____

NAME & ADDRESS OF RESEARCH ORGANIZATION/SPONSOR: _____

NAME, ADDRESS, AND 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 incarcerated individual criminal history information, and mandate that recipients of this information agree to the following conditions:

The researcher agrees that they are 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 individuals participating in the study will not be identified in any findings, publications, reports, or other publicly available materials.

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.

The researcher agrees to certify the destruction of all data provided by the Department within 6 months of the conclusion of the project.

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