

Brownsville Independent School District

1. I understand that I am requesting assistance in a research and evaluation project and I am not requesting information pursuant to the Texas Open Records Act. If my requests to conduct research and evaluation assistance is granted, I agree to abide by all policies, rules, and regulations of the District including securing written parental permission prior to implementation of my project, and maintaining the confidential nature of records, and the privacy and rights of the individual and school.

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| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
|  | **Main Project Contact Person/Student** |  |  |

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| **Name (Printed)** |  |
|  | **Main Project Contact Person/Student** |

1. I understand that supervision of this project and responsibility for a report on its outcome rests with me. I also understand that the privilege of conducting future studies in the Brownsville Independent School District is conditioned upon the fulfillment of such obligations.

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| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
|  | **Main Project Contact Person/Student** |  |  |

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| **Name (Printed)** |  |
|  | **Main Project Contact Person/Student** |