

Appendix N: Organizational Permission Form

Revised Date: 12/01/20

Student Name: _____

Doctoral Research Project Title: _____

Name of Organization or Entity: _____

Type of Organization or Entity: _____

Organizational Address: _____

Please check all permissions that apply:

- Permission to solicit participants on property or through the organization (e.g., lists of members and contact information, subscribers, listserv, etc.).
- Permission to collect data through organization, whether in person, by phone, or electronically.
- Permission to use organizational name.
- Permission to access organizational data and/or documents not in the public domain.

Name of Authorizing Person: _____ Job Title: _____

Signature: _____ Date: _____

Ink Required

Valid for 2 Years

