

**CHEROKEE COUNTY SCHOOL SYSTEM**  
**REQUEST FOR PERMISSION TO CONDUCT DATA COLLECTION ACTIVITIES WITHIN THE SYSTEM**

Name \_\_\_\_\_

CCSD Employee: Yes \_\_\_\_ No \_\_\_\_ If *NO*, list employer: \_\_\_\_\_

College/University Supervising Activities \_\_\_\_\_

Degree in Progress( Level/Area)\_\_\_\_\_

Locations for Data Collection \_\_\_\_\_

Date of Request\_\_\_\_\_ Requested Date(s) for Data Collection \_\_\_\_\_

Professor’s Name \_\_\_\_\_ Phone #/Email \_\_\_\_\_

Include with this request:

- A letter from your supervising professor on college or university letterhead indicating support for your research and his/her confirmation of data collection validity.
- A brief summary of the issues being researched and the type of data collection you are requesting to conduct. (Page 2 of this form).
- Method of data collection assessment (Page 2 of this form); Number of respondents, etc.
- Copy of interview questions, surveys, etc. that will be used. If student data is used, a notarized “Release of Educational Records for Research Purposes Confidentiality Statement” will be required.

I, \_\_\_\_\_ do hereby submit to **not** hold the Cherokee County School System liable for any findings, or commentary involved in this research. I understand that without the express written permission of the Cherokee County Board of Education, I am not authorized to conduct any data collection involving system employees or students and/or any other information that is protected by Federal or State Law. **Furthermore, a copy of all findings and data collection instruments will be made available to the Cherokee County Board of Education. All research is to be sent to the Student Assessment Department upon completion of the project.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to: Dr. Jennifer Scrivner, Director, Student Assessment Department, ESF, 2<sup>nd</sup> Floor

**Staff Use Only**

\_\_\_\_\_ Permission given \_\_\_\_\_ Permission denied  
Office of Assessment

Conditions of Permission: \_\_\_\_\_ Denied due to: \_\_\_\_\_  
\_\_\_\_\_

