Sample Letter of Cooperation for Data Collection in Schools

*(This letter should be customized to the project. Underlined or italic sections require editing. Please do not leave instructions in your final draft of the letter. Do not use paragraphs that do not apply to your study)*

School Letterhead

<Date>

Office of Research Integrity and Protections

Syracuse University

214 Lyman Hall

Syracuse, NY 13244

To Whom It May Concern:

*(Name of Researcher)* has requested permission to collect research data from (*students/clients/employees/ specific data set*) through a project entitled (*your research project title*). I have been informed of the purposes of the study and the nature of the research procedures. I have also been given an opportunity to ask questions of the researcher.

(*Name of School/School District)* has policies in conjunction with parents and the US Department of Education regarding the following:

1. The right of parents to inspect, upon request a survey created by a third party before the survey is administered or distributed by a school to students.
2. Arrangements to protect student privacy in the event of the administration of a survey to students, including the right of parents to inspect, upon request, the survey, if the survey contains one or more of the same eight items of information.
3. The right of parents to inspect, upon request, any instructional materials used as part of the educational curriculum for students.
4. The administration of physical examinations or screenings that the school may administer to students.

As a representative of *(Name of School/School District/Agency)* , I am authorized to grant permission to have the researcher recruit research participants from our *school/school district/agency/business.* *(Name of Researcher)* is also permitted to collect research data [*during school hours/ office hours / at our school(s) / at our agency office(s)*]. The researcher has agreed to the following restrictions: *[(no contact during school hours/no second contact for recruitment/will only meet clients outside of waiting room/provide a copy of published conclusions or results.)*]

If you have any questions, please contact me at (*area code and phone number*).

Sincerely,

*Provide the name and official title of the person who has authority to grant permission (principal or superintendent)*

*<Name of Authorized Representative*>

<*Official Title*>