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| **REQUIREMENT that the letter of permission be on Letterhead of the site granting permission g** |

**Date**:

**From:** (Name, Degree)

(Position Title)

(Institution Name)

(Address)

(Address)

**To:** University of Connecticut Health Center

Institutional Review Board (IRB)  
263 Farmington Avenue

Farmington, CT 06030-1511

**Re**: Letter of Permission for Study Titled “**title of the study**-“

I have reviewed the above referenced protocol and supporting documents. The present communication is to confirm that (**Name of the PI and Student )** have been granted permission to conduct the above referenced study on our premises. In my role as (insert title, e.g. **CEO, Superintendent of Schools, Director of Clinic)** I am confirming that I have the authority to grant this permission on behalf of our institution.

*(For studies conducted in foreign locations)* I also confirm, having given consideration to issues of cultural sensitivities and local laws and regulations, that this research is appropriate for our site. Beyond my approval there IS / IS NOT a need for additional local approval *(insert from whom if necessary, e.g. from the ethics review panel of xxx)*.

*(For research conducted in schools that do not have their own IRB also include the following:)* I also confirm that our institution does not have its own Institutional Review Board and therefore no additional IRB approval is required by us.

Should the IRB have any questions, I may be contacted as follows:

Phone:

E-mail:

Fax:

Sincerely,

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