Library Research Request Form

(to be completed at least 30 days prior to intended date)

Name of person responsible: (Please Print)

_________________________________________ Date: ______________________

Affiliation:  □ Student   □ Faculty □ Staff □ Community Member

Telephone Number: _____________________________________________

Access ID: (if WSU student) ______________________________________

Email: _________________________________________________________

Purpose of the project: □ Course work   □ Graduate thesis/dissertation

□ Research grant  (specify) _________________________________________

□ Other: (describe) _____________________________________________

(If research is for a University grant or part of a doctoral or graduate research study, please attach a summary of the research plan and a copy of Institutional Review Board (IRB) approval.)

Research Visit Information:

Number of research visits: __________________________

Length of each visit: _____________________________

Number of researchers involved: ____________________

Date(s) and Time(s): ___________________________________________
Location: *(include building, floor and area; be as specific as possible)*

Describe any particulars involved *(moving furniture, use of equipment/facilities; use of video/audio recording equipment, use of music or sound effects, etc.)*

Describe use of any library equipment or facilities involved in the research

**Describe data collection protocol:**

How will participants be identified and recruited?

Describe steps that will safeguard the privacy of participants

Name(s) of researcher(s) involved:
Describe how you will identify yourself as a researcher

If research is for a course, please list course instructor: (name and signature)

Name: _____________________________________________________________________

Signature: _____________________________________________________________________

******************************************************************************

You must bring the signed form with you on the day you arrive to conduct your research

Name of researcher assuming responsibility: _____________________________________________________________________

Signature: _____________________________________________________________________

******************************************************************************

Library Approval:

Authorized by: _____________________________________________________________

(signature)

Title: _____________________________________________ Date: __________________________