

## Research Staff Form

**INSTRUCTIONS:** This form is intended to be filled out digitally. The Investigator fills out their section and saves the form with the title in the format "LastName, FirstInitial [Restricted Dataset short name] Staff.pdf" (e.g. Doe, J. NCANDS Child File Staff). The investigator obtains the digital signatures of their staff and emails the completed form to [NDACAN@cornell.edu](mailto:NDACAN@cornell.edu) as an attachment. Before receiving the Restricted Data, the Investigator AND staff must submit their contact information on our on-line web form through this link: <http://www.ndacan.acf.hhs.gov/about/about-join-our-mailing-list.cfm>

**Specify the Restricted Dataset number and title to which the Research Staff below are applying for access:**

### Signature of the Investigator

As the Investigator, I am requesting that the individuals listed below be authorized to access the Restricted Dataset:

**I understand this to serve as my legal signature (check the box -required):**

**Date:**

**Investigator Name:**

**Investigator Title:**

**Investigator Institution:**

**As Research Staff on a Restricted Dataset research project the undersigned certifies the following:**

1. I have read the Restricted Data License and will fully comply with its terms and conditions.
2. I understand that I may only use the Restricted Data for statistical purposes and must protect the data from access by unauthorized individuals.
3. I am affiliated with the same institution as the Investigator.
4. I will not attempt to access the data in the Restricted Data until authorized to do so by NDACAN.
5. I have submitted my professional contact information to NDACAN through their [Web form](#)

**Research Staff #1: I understand this to serve as my legal signature (check this box -required)**

**Date:**

**Research Staff #1 Name:**

**Research Staff #1 Title:**

**Research Staff #1 Email:**

**Research Staff #2: I understand this to serve as my legal signature (check this box -required)**

**Date:**

**Research Staff #2 Name:**

**Research Staff #2 Title:**

**Research Staff #2 Email:**

**Research Staff #3: I understand this to serve as my legal signature (check this box -required)**

**Date:**

**Research Staff #3 Name:**

**Research Staff #3 Title:**

**Research Staff #3 Email:**

**The National Data Archive on Child Abuse and Neglect (NDACAN) authorizes the above research staff to access the Restricted Data:**

**Approved by:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_