



## 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 sends 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 through our on-line web form at 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 this box -required): ☐

Date: \_\_\_\_\_

Investigator Name: \_\_\_\_\_

Investigator Title: \_\_\_\_\_

Investigator Institution: \_\_\_\_\_

Investigator Email: \_\_\_\_\_

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

1. I have read the "Data Use License Agreement for Restricted Data Provided by NDACAN" 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 Person 1: I understand this to serve as my legal signature (check this box -required): ☐

Date: \_\_\_\_\_

Research Staff Person 1 Name: \_\_\_\_\_

Research Staff Person 1 Title: \_\_\_\_\_

Research Staff Person 1 Institution: \_\_\_\_\_

Research Staff Person 1 Email: \_\_\_\_\_

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

Date: \_\_\_\_\_

Research Staff Person 2 Name: \_\_\_\_\_

Research Staff Person 2 Title: \_\_\_\_\_

Research Staff Person 2 Institution: \_\_\_\_\_

Research Staff Person 2 Email: \_\_\_\_\_

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

Date:\_\_\_\_\_

Research Staff Person 3 Name:\_\_\_\_\_

Research Staff Person 3 Title:\_\_\_\_\_

Research Staff Person 3 Institution:\_\_\_\_\_

Research Staff Person 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:**\_\_\_\_\_

National Data Archive on Child Abuse and Neglect (NDACAN)

Form Revision Date: 2023-10-11