



Research Request Form

Name: _____ Date: _____

Email: _____ Phone: _____

Affiliation: _____

Affiliation Address: _____

Advisor (required for students only): _____

Advisor's Contact Information: _____

Collaborators/Co-authors: _____

Title of Proposed Research: _____

Synopsis of Extent and Nature of Research: _____

Planned Dissemination of Results: _____

Populations/Samples Needed: _____

Date Data Needed By (please allow >2 weeks): _____

Please initial the following statements:

_____ I agree to include the following statement in all publications and presentations involving use of this data. "The MorphoPASSE data used in this research was funded by National Institute of Justice Grant 2015- DN-BX-K014. Opinions or points of view expressed in this research represent a consensus of the authors and do not necessarily represent the official position or policies of the U.S. DOJ, NIJ, or the grant PI."

_____ I agree to use the following citation for the data in all publications and presentations. Klales AR. MorphoPASSE: the Morphological Pelvis and Skull Sex Estimation Database. Version 1.0. Topeka, KS: Washburn, University.

_____ I agree to use the MorphoPASSE data for personal use only and will not share or disseminate the data itself. I understand that doing so would be copyright infringement.

Signature

Date: _____

INTERNAL USE ONLY

Approved by: _____

Date: _____