**Original Data Transfer Request**

Approval of this request is formalized by an agreement for disposition of data with your new institution.

1. Name and Contact Information of Person Requesting Data:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Project Title:

3. Funding Source (if external):

4. RAMSeS Award Number (where appropriate):

5. IRB Protocol Number (where appropriate):

6. Description of Research Data:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Reason for and Location of Proposed Transfer:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Description of Ongoing Activities at UNCG Related to These Data (including names of faculty, staff, or students who will continue to access the data):

________________________________________________________________________
________________________________________________________________________
9. Original Research Data or Copies of Research Data will be left at UNCG in the custody of:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. If Original Data are being transferred, please identify the name and address of the person in possession of the Original Research Data. If a university or corporate entity, please provide the name and address of its legally responsible representative:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I understand that the Original Data are owned by the University of North Carolina at Greensboro. I agree to honor sponsor or UNCG requirements for protection or sharing of these Research Data that were effective at the date of request. If this request pertains to the original data, I will maintain the original research data in compliance with the regulations pertinent at the time of the collection of the data and in compliance with UNCG’s Policy on Access to and Retention of Research Data. I further agree to make the original data available to UNCG upon reasonable notice.

___________________________________________________
Signature

___________________________________________________
Name and Title

___________________________________________________
Date
APPROVAL (S):

For University of North Carolina at Greensboro:

________________________________________
Signature

________________________________________
Name and Title

________________________
Date

Primary Responsible Investigator: (If different from Requestor)

________________________________________
Signature

________________________________________
Name and Title

________________________
Date