| DEPARTMENT OF CHILDREN AND FAMILY SERVICES | System Improvement & Research Section<br>**RESEARCH REQUEST**<br>**Please mail along with the completed agreement and supplemental agreement forms, research proposal, and all other required documentation.** | **Tracking Number (Office Use)** |
|---|---|---|

Researcher's name:

Position and organization:

Mailing address:

Telephone number: E-mail address:

Faculty advisor (dissertation, thesis, or school project):

Telephone number: E-mail address:

IRB contact name and mailing address (enter below):

Research topic (enter below):

Research types: ☐ CWS/CMS data extraction ☐ Review of case records ☐ Survey ☐ Interviews ☐ Observations ☐ Other (specify):

Does the research involve confidential information? ☐ Yes ☐ No

Subjects: ☐ DCFS staff ☐ Children ☐ Caregivers ☐ Parents ☐ Other (specify):

Age range of children:

Potential research benefits to DCFS (enter below):

DCFS offices and stakeholders (enter below):

Proposed research project start and end dates:

**I have read the "External Research Request Process: A Guide for Researchers." Initials: _____**

Signature: _____ Date: _____

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