

**REQUEST TO CONDUCT RESEARCH IN SHELBY COUNTY SCHOOLS  
(To Be Attached to Copy of Prospectus)**

With the approval of my advisor and/or chairman, I hereby request approval to conduct the following research in Shelby County Schools:

Name of Researcher \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Institution \_\_\_\_\_  
Department \_\_\_\_\_  
Advisor/Chairman \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Prospectus Title \_\_\_\_\_  
Purpose \_\_\_\_\_  
Procedure \_\_\_\_\_  
Sample: Number of Schools \_\_\_\_\_  
Name(s) of School(s) \_\_\_\_\_  
Number and Grade Level(s) of Students \_\_\_\_\_  
Number of Parents \_\_\_\_\_ Number of Teachers \_\_\_\_\_  
Number of Administrators \_\_\_\_\_ Number of Other Staff \_\_\_\_\_  
Dates research is to be conducted \_\_\_\_\_

Will copies of the results of this research be provided to Shelby County Schools? (Yes) \_\_\_\_\_  
(No) \_\_\_\_\_

**\* Please attach any and all surveys that may be conducted along with this research, if applicable.**

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Signature of Advisor/Chairman

Submit to:  
Maura B. Sullivan, \_\_\_\_\_  
Assistant Superintendent, Planning & Student Services Date

Shelby County Schools  
160 South Hollywood Street  
Memphis, TN 38112  
Phone: (901) 321-2575  
Fax: (901) 321-2660

Email: msullivan@scsk12.org