



**AUTHORIZATION TO REQUEST INFORMATION  
FOR RESEARCH PROJECTS**

Date:  <p style="text-align: right;">Month/Day/Year</p>	Name of principal investigator (PI): “Must be a faculty member”	
Name:  <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Other: _____	PI’S SIGNATURE  _____	
	Email:	Phone number:
Project title:		
Objectives		
Abstract		
Significance		
<input type="checkbox"/> Pending Approval	IRB Approval Number	IRB Expiration Date  Month/Day/Year
<b>AUTHORIZED SIGNATURES</b>		
_____ Dr. Augusto Elías-Boneta, DMD, MSD, DHC Assistant Dean of Research	_____ Elaine M. Pagán, DMD, MSD Associate Dean	
<input type="checkbox"/> AUTHORIZED <input type="checkbox"/> PENDING IRB APPROVAL <input type="checkbox"/> NOT AUTHORIZED		