

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:**

**Primary Responsible Investigator:
(If different from Requestor)**

Signature

Signature

Name and Title

Name and Title

Date

Date