

RESEARCHER'S AGREEMENT

To induce the Bolton-Brush Growth Study Center (Center) to provide access to records of the Center, the undersigned Researcher:

1. Acknowledges having carefully read and understood everything stated in this packet.
2. Agrees that:
 - (a) All records of the Center (including, but not limited to radiographs, dental study models, tracings, digitized copies) and;
 - (b) All measurements acquired from records accessed at the Center, are jointly owned by the researcher and the Center;
3. Agrees to use the property of the Center only in accordance with the research protocol submitted to the Director of the Center.
4. Agrees not to distribute the images electronically or in hardcopy. Researchers should make two backup copies of the data. However, such copies are solely for the Researcher's own use;
5. Agrees to return all property of the Center, including any original and backup copies maintained on any media, to the Center on demand;

Researcher's signature

Researcher's name printed

Date

Advisor's signature (if applicable)

Advisor's name printed

Date

Name of University

Department

Date

Dr. Mark Hans
Director
Bolton-Brush Growth Study Center
Bolton Dental Building
Case Western Reserve University
10900 Euclid Ave.
Cleveland, OH 44106-4905

Dear Dr. Hans:

I hereby guarantee payment of all obligations incurred by _____
Name of researcher

in connection with research in the Bolton-Brush Growth Study Center, including fees for
access and/or loan of data via CD-ROM, flash drive, or other media.

Chairman's signature

Chairman's printed name

Department of _____

Date

Purchase Order # _____

Cash/Check _____