

Data Owning Department's Letterhead

Date: __/__/____

Administrator
Committee for the Protection of Human Subjects
1215 O Street, 11th Floor.
Sacramento, CA 95814

Dear Administrator,

The Department of _____ has completed its initial review of the research project titled, _____ to be carried out by the Principal Investigator _____. Although this is not a final decision, the Department anticipates that it would be able to release the requested data if CPHS approves and any conditions they specify are met.

[If appropriate, add: However, the Department of _____ does not release the following data or variables: _____.]

Any release of personal information to the Principal Investigator for this research project will be in compliance with all applicable state statutes.

Sincerely,

(Type name of Signatory Official)

(Signature of Signatory Official)

(Title)

(Address)

(Telephone)
