



STATE OF ALASKA  
DEPARTMENT OF CORRECTIONS

**Research Agreement:**

I agree to abide by all Department of Corrections Policies and State Regulations which govern the conduct of research.

I fully realize that the use and dissemination of research findings which may identify prisoners, community corrections clientele or staff of the Department or institution requires a signed statement of consent by each identified prisoner, client, or employee.

I agree to permit an employee of the Department to monitor the research project while in progress.

I agree to submit a plan discussing the anticipated use and dissemination of the research findings for approval prior to the start of research.

I agree to submit all research findings to the Department’s Research Analyst for review and approval prior to actual use or dissemination of the findings.

Special conditions or agreement stipulations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge, by signing below, that I will agree to comply with all of the rules, conditions and stipulations set out above:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Research Analyst Signature  
Division of Administrative Services

\_\_\_\_\_  
Date

**Distribution:**

- Original to: Research Analyst, Division of Administrative Services, DOC.
- Copies to: Researcher(s)
- Division Director
- Superintendent or Administrator Involved
- Deputy Commissioner