



Research with Stoelting Assessments Request Form for Permissions and Research Agreement

Current date:			
Name of person requesting permission:			
Email of person requesting permission:			
Are you the primary contact?	Yes	No	
If not, who is the primary contact?			
Primary contact email:			
Are you a student?	Yes	No	Name of faculty advisor:
Institution requesting permission:			
Principal researcher name:			
Research sponsor: (if applicable)			
Billing address: (street/city/state/country/zip)			
Shipping address: (if same as billing, enter 'same')			

Stoelting assessment requested:	
List any modifications requested: (e.g., translation, administration format)	

Research project title:			
Clinical trial/protocol number: (if applicable)			
Number of research sites	Number of participants	Administrations per participant	

Anticipated payment method of research fees: (no specific payment details, only payment type)	
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After completing this form, please email it to psychtests@stoeltingco.com to submit your request.