

PUBLICATION WAIVER REQUEST FORM

| | | | |
|---|-------|---|-------|
| Principal Investigator: | | Dept: | |
| Phone: | | Proposal #: | |
| Title of Project: | | | |
| Sponsor: | | | |
| Project Duration | From: | To: | |
| Student Investigator(s): <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, list all names: (All must complete/sign Student Awareness letter) | |
| 1. Description of Research: | | | |
| 2. Reason for requesting Publication Waiver: <div style="margin-left: 20px;"> <input type="checkbox"/> Export Controlled <input type="checkbox"/> Restricted Data Sets/Human Subjects <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Other (provide explanation) </div> | | | |
| 3. Benefit to ASU: | | | |
| Principal Investigator Signature: | | | Date: |
| Co-Investigator Signature | | | Date: |
| KED Research Operations Approval: | | | Date: |

(Letterhead or email transmission)

DATE: _____

RE: Publication Waiver

TO: (ASU PI) _____

FROM: (Student Name) _____

Dear (ASU PI) _____,

I am aware of the publication waiver for the project titled
“_____.” I understand the contract restrictions and
confirm that this publication restriction will not adversely affect my academic program and studies at
Arizona State University.

Signature

(Letterhead or email transmission)

DATE: _____

RE: Publication Waiver

TO: (ASU PI) _____

FROM: (Name) _____ (Title) _____

Dear (ASU PI) _____,

I am aware of the publication waiver for the project titled
“_____.” I understand the contract restrictions and
confirm that this publication restriction.

Signature