

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:			
<input type="checkbox"/> Export Controlled <input type="checkbox"/> Restricted Data Sets/Human Subjects <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Other (provide explanation)			
3. Benefit to ASU:			
Principal 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)

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