

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 Compliance Approval:		Date:	

(Student Acknowledge)

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