



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

**RESEARCH ENDORSEMENT
FOR NON-DISTRICT PERSONNEL**

1. To be completed by the person who is requesting approval to conduct research in SAISD:

I, [print name] _____, do hereby agree that I will abide by the Policies, Rules and Regulations and the Administrative Procedures of the San Antonio Independent School District and will furnish a copy of the report describing the findings of the study to the Deputy Superintendent of Teaching and Learning, San Antonio Independent School District.

Signature of Requestor

Date

2. To be completed by the requestor's professor, the chairperson of an advisory committee, or other professional person sponsoring the research.

I am familiar with the proposed study and judge that the researcher submitting this proposal is professionally qualified to undertake this investigation. Further, the research design is valid and appropriate.

Signature of Sponsoring Professional

Date

Position or Title: _____

Name of Department and Institution or Organization: _____