

**Principal/Teacher Agreement to Participate in Research Project**

**HAYWOOD COUNTY SCHOOL SYSTEM  
Department of Research and Assessment**

**Title of Project:** \_\_\_\_\_

**Researcher: (Please print.)** \_\_\_\_\_

**As required by the research proposal guidelines of the Haywood County School System, I have received permission to conduct research from the appropriate principal(s) and/or teachers(s).**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Please include only one school per page. Use duplicate pages as needed for additional signatures at a school. Write N/A on sections not needed.**

**Principal Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_