

# Location Site Permission Request and Approval Letter Templates

“Site Permission” may refer to physical locations as well as virtual environments or other private resources.

Permission is required if you plan to do any of the following:

- Recruit participants in a closed and/or moderated social media group or recruit from the private contact list of an organization, school, or business.
- Use the private resources of an organization, school, or business to recruit participants or collect data or use the private resources of a site governed by its own Institutional Review Board (IRB).

Below is a **sample** letter requesting location site approval, followed by a sample site permission approval letter. You may use these templates when preparing your request. Please note that content within **[brackets]** should be replaced with the appropriate information in the final document

## Sample Email Requesting Permission to Conduct Research

**Email Subject:** Request to Conduct Research

**Dear** [Name of Contact],

I am requesting permission to conduct research at [insert site name/location] as part of my study, [insert title of project (dissertation, Master’s, doctoral thesis)]. I am seeking approval for the period of [insert start date] through [insert end date].

### **Brief Description of the Research Study:**

- **Research Study Title:** [Insert Research Study Title]
- **Study Activities at This Site:** [Briefly describe the activities that will occur at the site, such as distributing surveys, conducting interviews, or accessing databases.]
- **Site Support Needed:** [Describe any support required from the site, such as providing space, distributing materials, or facilitating participant contact.]

I have attached my IRB approval letter from [name of your degree-granting institution] for your reference. TCCD IRB will not review my proposal until I have TCCD site location approval. Please indicate your approval by signing the attached Location Site Approval Letter.

A sample location site approval letter is provided on the next page.

Should you need additional information or have any questions, please feel free to contact me. Thank you for your time and consideration.

Sincerely,

[Your Name]

[Your Title/Position, if applicable]

[Your Institution or Affiliation]

[Your Contact Information]

**Sample Site Permission Approval Letter** to be completed by PI and the authorized representative of the site location. A location Site Approval Letter is required for each site. (e.g., if the study involves more than one TCC campus)

**Date:** [MM/DD/YYYY]

[Site Representative Name]  
[Name of Site or Organization]  
[Address]

To Whom It May Concern:

This letter confirms that I, as an authorized representative of [Name of Site/Organization], grant permission to [Name of Principal Investigator] to conduct study-related activities at the location(s) listed below. These activities may begin once the Principal Investigator provides documentation of Tarrant County College District (TCCD) Institutional Review Board (IRB) approval for the proposed project.

**Project Information:**

- **Research Study Title:** [Insert Research Study Title]
- **Study Activities at This Site:** [Briefly describe the activities to be conducted at the site (e.g., surveys, interviews, interventions, or database access.)]
- **Site Support Provided:** [Describe the support the site will provide (e.g., space for data collection, permission to distribute materials, etc.)]
- **Other Arrangements:** [If applicable, outline any additional agreements or requirements related to the research.]
- **Anticipated End Date:** [Insert the anticipated end date of the research at this site.]

I understand that all research activities must comply with applicable regulations, including the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), and any other site-specific policies. These requirements must be addressed prior to the researcher collecting or receiving data from the site.

We acknowledge that TCCD's participation in this research will occur only during the period of active IRB approval. All study-related activities must cease immediately if IRB approval expires, is suspended, or withdrawn.

If we have any concerns related to this project, we will contact [Name of Principal Investigator], Principal Investigator, for project-specific information. For questions regarding IRB policies or human subject protections, we may contact the TCCD IRB at [irb@tccd.edu](mailto:irb@tccd.edu).

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**Authorized Site Representative**

**Principal Investigator**

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_