

Principal Investigator:	Phone:
Department:	E-Mail:
Contact Person:	Phone:
	E-Mail:
Project Title:	
IRB # (if applicable):	eRS # (if applicable):

**1. Select the exception to the policy you are requesting .**

- Exception to the collection of names, addresses or social security numbers
- Exception to payment method
- Other, please describe:

**2. What type of payment process do you propose using in place of the policy requirement?**

**3. What are the unique study population or design characteristics that justify an exception to the policy?**

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

- Approved
- Denied

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date