



Montana Department of Corrections
REQUEST FOR OFFENDER
PARTICIPATION IN RESEARCH PROJECTS

Name of Requesting Person(s):

Agency: _____

Division: _____ Unit: _____

Address: _____ Phone: _____

Will offenders receive any compensation, remuneration, or payment of any kind?

No ____ Yes ____

Purpose of proposed research project: _____

Offender involvement in proposed research project: _____

Portion below to be completed by the Department director

Research request: _____ Approved _____ Denied

Limits and/or conditions under which this project will be conducted: _____

Director's Signature

Date of Signature