REQUEST FOR PERMISSION TO USE
THE PERSONAL AND RELATIONSHIPS PROFILES (PRP)

The PRP is a copyright instrument. We will be pleased to give you permission to use the PRP for research purposes or for clinical trial, provided you agree to assist us in developing this instrument, by completing the form on the next page in which you agree to provide certain information.

If problems or issues come up that I can assist with, please phone or send me an E-mail and I will be glad to help.

TERMS OF AGREEMENT

1. This agreement is between the authors of the Personal and Relationships Profiles (PRP), hereafter referred to as the Test Authors or the Authors, and the person or persons requesting permission to use these tests, hereafter referred to as the Cooperating User or the User. The agreement covers use of the PRP for the research or clinical trial described on the attached form.

2. The Test Authors grant permission to use the PRP and to waive all royalty or permission fees solely for the research or clinical trial described below.

3. In the case of students, permission to use the PRP will be granted to the advisor on behalf of the student, and must be signed by the advisor. The advisor agrees to assist the student in fulfilling this agreement, but assumes no other obligation to the Test Authors.
PERSONAL AND RELATIONSHIPS PROFILE - USE AGREEMENT

PROJECT TITLE/PURPOSE OF ADMINISTERING THE PRP: __________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

ESTIMATED NUMBER TO BE TESTED: FEMALES:_____ MALES:_____ COUPLES (both tested): ____

APPROXIMATE MONTH AND YEAR TESTING WILL BEGIN: __________ AND END: ______

I (we) agree to provide the test author with a Word or .pdf copy of any papers, thesis, dissertation, or other publications which report results of using the PRP for the above project.

Name of Cooperating User: ________________________________________________________

Address: ___________________________________________ ___________________________________

_________________________________________ _________________________________________

PHONE(____) ______________________ E-Mail _________________________________

Cooperating User Signature ______________________________________ DATE____________

STUDENTS: Please have the faculty advisor for this research sign this form:

Faculty Advisor Signature __________________________________ DATE____________

Advisor Name, Title ________________________________________________

Advisor Department _________________________________________________

Institution _____________________________________________________________

Advisor E Mail Address __________________________ Phone Number____________________

Agreed to by the Test Author(s)

_________________________________________ DATE____________

* The Test Authors of the PRP are Murray A. Straus, Sherry L. Hamby, Sue Boney-McCoy, and David B. Sugarman.