

Tennessee State University Institutional Review Board  
Research Exempt from IRB Committee Review

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Category: Use of Existing Data: Records Review and Analysis

1. Project Title:
  
2. Principal Investigator
  - a. Name:
  - b. E-mail :
  - c. Telephone:
  
  - d. ☐ Faculty ☐ Student ☐ Other
  - e. Human Subjects Training Completed? ☐ Yes ☐ Pending
3. Brief description of your research methodology and source of data.
  
  
  
  
  
4. Is the data you are gathering publicly available? ☐ Yes ☐ No
  - a. If, No do you have permission to access the records? ☐ Yes ☐ No
  - b. Will the records you received be void of **ALL** identifiers that would make it possible to identify subject?  
☐ Yes  
☐ **No: This research does not qualify for exempt status.**  
**Please complete the full IRB application.**
5. I assure the IRB that the information provided in this form is accurate. I will seek and obtain prior approval from the IRB for any substantive changes or modifications to this research proposal. I will report any unanticipated problems with the procedures outlined in this study.

\_\_\_\_\_  
Signature: Principle Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Advisor (if applicable)

\_\_\_\_\_  
Date

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IRB # HS 20\_\_\_\_\_ - \_\_\_\_\_

Approved : \_\_\_\_\_

Not Approved: \_\_\_\_\_

IBR Chair (or designate) \_\_\_\_\_