



**UMDNJ**  
UNIVERSITY OF MEDICINE &  
DENTISTRY OF NEW JERSEY

**Agreement Between UMDNJ and Departing Faculty Member Wishing to Remove  
Original Research Data/Research Materials**

Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Departure Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Dept: \_\_\_\_\_

I agree to the following conditions in order to take original research data and/or materials with me when I leave the University:

- I am obligated to make these data/materials available to the University for review or if they should be needed as part of an inquiry or investigation into the research projects related to them.
- These data/materials will be kept indefinitely in a location I can identify unless permission is received from the University to destroy them.

Description of data/materials: *(Be specific as to title of project, source & number of grant, dates & description of data/materials. Please use additional pages if required.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These materials will be located at : *(name and address of new institution and room/lab number)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH STATEMENT JUSTIFYING NEED TO REMOVE ORIGINAL DATA/MATERIALS**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Department Chair Date

\_\_\_\_\_  
Research Dean Date

\_\_\_\_\_  
Dean Date



**UMDNJ**  
UNIVERSITY OF MEDICINE &  
DENTISTRY OF NEW JERSEY

**Agreement Between UMDNJ and Departing Non-Faculty Staff, Students or Postdoctoral Appointees Requesting Permission to Remove Original Research Data/Research Materials**

Name: \_\_\_\_\_  
School: \_\_\_\_\_  
Departure Date: \_\_\_\_\_

Title: \_\_\_\_\_  
Dept: \_\_\_\_\_

I request permission to take original research data and/or materials with me when I leave the University and I agree to the following conditions:

- I am obligated to make these data/materials available to the University for review or if they should be needed as part of an inquiry or investigation into the research projects related to them.
- These data/materials will be kept indefinitely in a location I can identify unless permission is received from the University to destroy them.

Description of data/materials: *(Be specific as to title of project, source & number of grant, dates & description of data/materials. Please use additional pages if required.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These materials will be located at : *(name and address of new institution and room/lab number)*

\_\_\_\_\_  
\_\_\_\_\_

**ATTACH STATEMENT JUSTIFYING NEED TO REMOVE ORIGINAL DATA/MATERIALS**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Research Dean Date

\_\_\_\_\_  
Faculty Mentor/Lab Head (Approval) Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
Department Chair (Approval) Date