****

**iRIS Departmental or Research Administrator**

**Permission Request Form**

First Name: Click here to enter text. Last Name: Click here to enter text.

Title: Click here to enter text.

Department:

Email: Click here to enter text.

Telephone Number: Click here to enter text.

Supervisor Name: Click here to enter text.

Department Code(s) Access Is Requested For (Provide 6-digit Dep ID):

Click here to enter text.

Reason(s) Access is Needed for These Departments:

|  |  |
| --- | --- |
| [ ]  | Department MSO |
| [ ]  | Department Research Finance Administration  |
| [ ]  | Other (specify below)Specify: Click here to enter text. |
|  |  |

Return completed form via email to IRB@ucsf.edu