RESEARCH PARTICIPANT DISCLOSURE FORM
Receipt of Compensation and Business Office Notification of Information Provided
Principal Investigator: _____
Protocol Number: _____
Purdue University

I, the undersigned, acknowledge receipt of compensation in the amount of $_____ for my time and inconvenience as a participant in the above research study. I also acknowledge that the information provided below will be shared with the business office of Purdue University.

Name: _____ _____ _____
First *Middle Initial* *Last*

Address: _____

_____

_____

Social Security Number: _____ — _____ — _____

_____ _____
Participant's Signature Date

_____
Participant's Name

_____ _____
Researcher's Signature Date