IRB Consent Waiver Request Form

Study Title

Principal Investigator Name

Principal Investigator Email

Department/Unit

Waiver Type Requested

Waiver of Informed Consent

Waiver of Documentation of Consent

Justification for Request

How does your study meet all regulatory criteria for a waiver?

Describe any risks to participants

Describe how risks will be minimized and participant rights protected

Describe data privacy and confidentiality protections