

# Longitudinal Study Data Use Agreement Form

## 1. Researcher Information

Full Name

Institution / Organization

Department

Email Address

Phone Number

## 2. Study Details

Title of the Research Project

Purpose of the Study

Data Requested (Description or Name)

## 3. Data Use Agreement

I acknowledge that the longitudinal study data provided:

- Will be used solely for research and analysis related to the project described above.
- Will not be shared or transferred to third parties without prior written permission.

- Will be protected and stored in compliance with applicable privacy and data protection policies.
- Will not be used to attempt to identify any study participants.
- Will be destroyed or returned as outlined by the data provider's policies once the research is concluded.

I agree to properly acknowledge the data source and comply with all stipulated terms and conditions.

Researcher's Signature

---

Date

For Data Provider Use Only

Approval (Name/Signature)

---

Date