

# CONFIDENTIAL INFORMATION FORM LOCATORS

FOR OFFICE USE ONLY	
_____	Study
_____	ID
_____	Point
_____	Date
_____	Raid
CONLOC- Revised 7/29/96 3 Pages	

As a part of the research program in which you are participating, it is very important that we be able to keep in touch with you. From time to time, our research team will want to contact you to find out how you are doing. If we happen to lose touch with you because of a change of address or disconnected telephone number, we will want to be able to locate you. The information requested here will help us to keep in touch with you. May we have the following information and your permission to use the information to try to find you in case we lose touch?

### BASIC INFORMATION

1. Your full legal name:

\_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_

City State Zip

Telephone #: (\_\_\_\_) \_\_\_\_\_

2. Have you ever had another name? (such as before marriage? If so, what was it?)

\_\_\_\_\_

3. What is your date of birth? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of birth: \_\_\_\_\_

4. What is your social security number? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. What is your driver's license number? \_\_\_\_\_ State: \_\_\_\_\_

6. Where do you usually hang out? \_\_\_\_\_

.....

### STATEMENT OF PERMISSION

I hereby grant my permission for the above information to be used to locate me if I cannot be found, for the purpose of completing a research interview. I understand that I may withdraw this permission at any time.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## LOCATORS

We would also like to have the names of three or four people who might be able to help us locate you if we lose touch with you. These should be:

1. People with whom you are likely to keep in touch and who would know how to contact you.
2. People who are likely to have the same address and telephone number for the next few years.

These people need not be told anything about the nature of the research program in which you are participating. We would contact them only if we are unable to locate you. In each case, you can indicate whether or not it is OK for the person to know about the research project in which you are participating.

1, Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

\_\_\_\_\_  
City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Notes:

Okay for this person to know about the research? \_\_\_\_\_ Yes \_\_\_\_\_ No

Permission Date: \_\_\_\_\_ Initial: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

\_\_\_\_\_  
City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Notes:

Okay for this person to know about the research? \_\_\_\_\_ Yes \_\_\_\_\_ No

Permission Date: \_\_\_\_\_ Initial: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Notes:

Okay for this person to know about the research? \_\_\_\_\_ Yes \_\_\_\_\_ No

Permission Date: \_\_\_\_\_ Initial: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Notes:

Okay for this person to know about the research? \_\_\_\_\_ Yes \_\_\_\_\_ No

Permission Date: \_\_\_\_\_ Initial: \_\_\_\_\_

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**STATEMENT OF PERMISSION**

I hereby grant my permission for the people I have named above to be contacted in the event that I cannot be found. I understand that the only purpose of such contact would be to locate me, and that these individuals need not be given any information about the nature of the research in which I am participating, unless I grant permission. I may at any time change these names or withdraw my permission for one or more of them to be contacted.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_