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**Research Participant Payment Record**

**NONSTUDENT PARTICIPANTS**

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| Research Project |  |
| Principle Investigator |  |
| E-mail Address |  |
| Dates of Project |  |

By signing this form, I acknowledge that I have received the given amount as an incentive for participating in this research project.

This information will be kept secure and confidential in The College files, but may be reviewed by State or internal auditors.

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| --- | --- | --- | --- | --- | --- |
| **Full Legal Name**  **(print legibly)** | **Social Security Number** | **Permanent Address** | **Signature** | **Amount** | **Date** |
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