## AgingResearchBiobank Collaborator Attestation

**Request ID: Title of Request:**

**Primary Investigator:**

All Data Access Requesters listed below are affiliated with their listed institution and meet the minimum requirements to qualify as a Data Access Requester.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (including suffix, e.g. PhD)** | **Title** | **Institution** | **Email** | **Address** | **Phone** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Investigator Signature and Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Investigator Name (Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signing Official Signature and Date

**Signing Official Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name (including suffix, e.g. PhD)** | **Title** | **Institution** | **Email** | **Address** | **Phone** |
|  |  |  |  |  |  |