

**University of Waterloo
Research Participant's
Agreement to Release Personal Information
For Purpose of Remuneration**

Section A: To be completed by Principal Investigator or designate

Principal/Faculty Investigator's Name:

Student Investigator(s)'s Name:

Department:

Study Title:

Section B: To be completed by research participant

I acknowledge that I have been advised that I will receive \$ _____ in appreciation of my involvement as a research participant in the above study.

I further acknowledge that:

- My name and mailing address are required by the University of Waterloo for purposes of issuing and mailing payment; and
- The University of Waterloo will issue a tax receipt and requires my birth date and Social Insurance Number to meet Canada Revenue Agency reporting requirements. I am required to provide this information on a University of Waterloo Casual or Additional Pay Request form located at: http://www.hr.uwaterloo.ca/forms/cas_pay_request.pdf. In addition, please provide banking information if you wish payment by direct deposit.

I agree to provide the information below with the understanding that it will be kept secure and confidential by the University of Waterloo, and will be used solely for this purpose.

Participant's Name: _____

Mailing Address, including postal code:

Participant's Signature and Date: _____

Witness' Name and Date: _____