

**Security Information for Remote Access to the Add Health Data**

**Remote Access Form for UNC SRW server**

Researcher: \_\_\_\_\_

Contract Investigator (PI): \_\_\_\_\_

Contract #: \_\_\_\_\_

**I. Data Agreement**

1. Add Health data, including temporary data analysis files or subsets of the data, may not be copied to other media such as CDs, flash drives, or the hard drive of a computer. All Add Health data must remain at the primary storage location (i.e., on UNC's SRW).

\_\_\_\_\_ I agree that I will not copy any data files by any means.  
*user initials*

**II. Location to be used for remote access**

2. Remote access from public places such as airports, libraries, and internet cafes is not permitted.

\_\_\_\_\_ I agree to this condition.  
*user initials*

3. Location (street address, type of building, office or room description) and duration of access must be provided to Add Health for **each location** where you will be working when accessing the Add Health data. You must have Add Health approval before accessing from any location.

\_\_\_\_\_ I agree to this condition.  
*user initials*

4. What is the physical location (that you are describing on this form) that will be used for remote access?

**Street Address**

- If home, enter just the city and state.
- If campus or business, include street address and building name (or number).

**Type of Building**

- For example: private home, apartment complex, business office, campus office, etc.

**5. Office or Room Description**

Is the room private?

☐

Yes

☐

No

(click yes or no)

Is the room lockable?

☐

Yes

☐

No

(click yes or no)

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### III. Confirmation of Review by Researcher and Contract Investigator

\_\_\_\_\_  
*Researcher's Name*

\_\_\_\_\_  
*Researcher's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Contract Investigator's Name*

\_\_\_\_\_  
*Contract Investigator's Signature*

\_\_\_\_\_  
*Date*