

**SUPPLEMENTAL AGREEMENT WITH RESEARCH STAFF FOR USE OF  
RESTRICTED DATA FROM THE DISPLACED NEW ORLEANS RESIDENTS SURVEY**

*Please submit one signed original electronic copy of this document for  
each staff member; it will be countersigned and returned to you.*

I have read the attached *Restricted Data Use Agreement* from the Displaced New Orleans Residents Survey, including the accompanying Research Plan and Restricted Data Protection Plan, and agree to be bound by the provisions thereof.

I have also received specific instruction from the Restricted Data Investigator on procedures for protection and use of the Restricted Data.

I understand that any violation or potential violation of the terms of the *Restricted Data Use Agreement* must be reported immediately to the Restricted Data Investigator.

**PROJECT TITLE**

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**RESEARCH STAFF**

**RESTRICTED DATA INVESTIGATOR**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title/Affiliation with research project

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
E-mail address

**RAND**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name