



**Secondary School  
Scientific Review Committee (SRC) and Institutional Review Board (IRB)**

1. Fair Coordinator: \_\_\_\_\_ Degree/Certification \_\_\_\_\_

Mailing address: \_\_\_\_\_, Fl \_\_\_\_\_  
Number and Street City zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Committee Member  Yes  No

**Committee Members:**

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Degree/Certification \_\_\_\_\_

Mailing address: \_\_\_\_\_, Fl \_\_\_\_\_  
Number and Street City zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Degree/Certification \_\_\_\_\_

Mailing address: \_\_\_\_\_, Fl \_\_\_\_\_  
Number and Street City zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ email: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Degree/Certification \_\_\_\_\_

Mailing address: \_\_\_\_\_, Fl \_\_\_\_\_  
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Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ email: \_\_\_\_\_

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5. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Degree/Certification \_\_\_\_\_

Mailing address: \_\_\_\_\_, Fl \_\_\_\_\_  
Number and Street City zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ email: \_\_\_\_\_

6. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Degree/Certification \_\_\_\_\_

Mailing address: \_\_\_\_\_, Fl \_\_\_\_\_  
Number and Street City zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ email: \_\_\_\_\_

7. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Degree/Certification \_\_\_\_\_

Mailing address: \_\_\_\_\_, Fl \_\_\_\_\_  
Number and Street City zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ email: \_\_\_\_\_

8. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Degree/Certification \_\_\_\_\_

Mailing address: \_\_\_\_\_, Fl \_\_\_\_\_  
Number and Street City zip

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ email: \_\_\_\_\_