



Restricted Data Repository Data Use Agreement Extension

This 3-year extension of the original agreement is entered into by and between the Johns Hopkins University on behalf of the National Health and Aging Trends Study (NHATS) and the _____ (Receiving Agency) wherein _____ (Investigator) is the researcher responsible for the projects using the NHATS restricted use files. For the sake of clarity, the Investigator is not a party to this Agreement. This Agreement is in effect until the earlier of (i) the date NHATS receives written notification from the Investigator that the project has ended or (ii) the extension end date.

Investigator

Co-Investigator

Signature/Date

Signature/Date

Typed Name

Typed Name

Title

Title

Institution

Institution

Building Address

Building Address

Street Address

Street Address

City, State, Zip

City, State, Zip

Phone

Phone

Fax

Fax

Email

Email

NHATS User Name

NHATS User Name

NOTE: NHATS User names may be obtained by registering at <https://www.nhats.org/user/register>. For additional Co-Investigators, reproduce this page. The requesting Investigator should sign with each Co-Investigator.

Receiving Agency Representative

NHATS Representative

Signature/Date

Signature/Date

Typed Name

Jennifer Schrack, PhD, Principal Investigator
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Johns Hopkins University School of Public Health
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Phone: 410-502-9328
Email: nhats-restricted-data@umich.edu

Title

Institution

Building Address

Street Address

City, State, Zip

Phone

JHU Representative

Fax

Email

Signature/Date

FOR INTERNAL USE ONLY

ORIGINAL AGREEMENT END DATE:

AGREEMENT EXTENSION END DATE: