

SAMPLE RELEASE LETTER  
PLEASE USE HOSPITAL/ UNIVERSITY LETTERHEAD

Date of Request:  
Mitchell Reddish, PhD  
Chairperson  
Liberty IRB, Inc.  
2024 Larchmont Drive  
DeLand, FL 32724

RE: Sponsor: \_\_\_\_\_  
Protocol # \_\_\_\_\_

Dear Dr. Reddish:

Our hospital/ university [does/ does not] maintain an Institutional Review Board. This is to confirm that [hospital/ university name], hereby authorizes Liberty IRB, Inc. to be the reviewing IRB on the above listed protocol. This institution [does/ does not] want to be copied on study related materials.

Sincerely,

[Name]

[Title]

*(Can be signed by either a Hospital Administrator, or the IRB Chairperson.)*