# 2027 MSEF School SRC/IRB Committees Form

**This form MUST be completed and returned by December 15 2026 to your Regional Fair Director. This form serves as an indication of your school's intent to participate in the 2026 Region IV Fair.**

**Section I. Current School Information**

**School Name:** _____

**Address:** _____ **City:** _____ **Zip code:** _____

**Key Teacher:** _____ **Email:** _____

**School Telephone:** _____ **School FAX:** _____ **County:** _____

**School District:** _____ **School Type: [ ] Public [ ] Private [ ] Home School**

Homeschool

**Classes Competing:** Lower ☐ **Class K** ☐ **Class 1 (1-3)** ☐ **Class 2 (4-6)**

Upper ☐ **Class 3 (7-8)** ☐ **Class 4 (9-12)**

**Section II.** List the members of your local SRC and IRB. The SRC should have at least a biomedical scientist (PhD, M.D., D.V.M., or D.O.), a science educator, and one other member. The IRB should have at least a science educator, school administrator, & either a psychologist, psychiatrist, medical doctor, or registered nurse. **Members can serve on both committees.**

**However, teachers may NOT sign as the Chairperson.**

**All signatures required on Form 1B must be dated PRIOR to the beginning date of experimentation listed on Form 1A. This is a MSEF/ISEF violation if not followed correctly.**

**Local SRC Chairperson:** _____

**Employed by:** _____ **Employment Title:** _____

**Complete Mailing Address:** _____

**Degree(s) and/or Qualifications:** _____

**Local IRB Chairperson:** _____

**Employed by:** _____ **Employment Title:** _____

**Complete Mailing Address:** _____

**Degree(s) and/or Qualifications:** _____

**Other Local Committee Members. Please Check Committee. Use Additional Sheets if Necessary.**

**Name:** _____ ___**SRC** ___**IRB**

**Employed by:** _____ **Employment Title:** _____

**Complete Mailing Address:** _____

**Degree(s) and /or Qualifications:** _____

**Name:** _____ ____**SRC** ___**IRB**

**Employed by:** _____**Employment Title:** _____

**Complete Mailing Address:** _____

**Degree(s) and/or Qualifications:** _____

---

**Name:** _____ ____**SRC** ___**IRB**

**Employed by:** _____**Employment Title:** _____

**Complete Mailing Address:** _____

**Degree(s) and/or Qualifications:** _____

---

**Name:** _____ ____**SRC** ___**IRB**

**Employed by:** _____**Employment Title:** _____

**Complete Mailing Address:** _____

**Degree(s) and/or Qualifications:** _____

---

**Name:** _____ ____**SRC** ___**IRB**

**Employed by:** _____**Employment Title:** _____

**Complete Mailing Address:** _____

**Degree(s) and/or Qualifications:** _____

---

**MSEF Region Approval Date: _____**

**By: _____**