

**HRS RESTRICTED DATA SUPPLEMENTAL USER TERMINATION**

As the Restricted Data Investigator to Health and Retirement Study (HRS) restricted data agreement \_\_\_\_\_ at \_\_\_\_\_, I certify by my signature below that the following supplemental users no longer have access to HRS restricted datasets licensed under this agreement.

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Date of Access Termination: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Date of Access Termination: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Date of Access Termination: \_\_\_\_\_

**RESTRICTED DATA INVESTIGATOR**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Mailing Address