

Permission to Use Recorded SCID Interviews

Biometrics Research Department
Columbia University
1051 Riverside Drive - Unit 60
New York, NY 10032
Telephone: 212-543-5524
Fax: 212-543-5525
E-mail: scid4@columbia.edu

I understand that the Recorded SCID Interview(s) provided to me by the Biometrics Research Department are to be used only for the purposes of training on the Structured Clinical Interview for DSM-IV-TR. These Recorded SCID Interview(s) are not to be duplicated or circulated through libraries. Further, I understand that these interviews have been recorded with actual patients who have reserved the right for the recorded SCID to be removed from circulation upon request. As a result, I understand that the Recorded SCID Interview(s) are available to me for long-term rental only. By signing below, I agree to promptly return all Recorded SCID Interview(s) in my possession at any time upon request of the Biometrics Research Department.

Print Name and Title:		
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Phone Number:	Fax Number:	
SCID Order Submitted <input type="checkbox"/> Electronically or <input type="checkbox"/> Fax If Electronically Submitted please write SCID invoice number:	Date SCID Order Submitted:	
Signature:	Date:	

PLEASE NOTE THAT AN EXECUTED COPY OF THIS FORM MUST BE RECEIVED PRIOR TO DISTRIBUTION OF THE RECORDED SCID INTERVIEWS.