

## 2020 LISEF Junior Varsity Fair Verification Certificate

Individual/Team Leader Name	
Team Member 2 Name	
Team Member 3 Name	
Title of Project	
School District	
Superintendent of Schools	
School Name	
School Principal Name	
School Street Address	
Town, State & Zip	
School Liaison Name	
School Liaison Telephone	School Liaison e-mail
Adult Sponsor Name	
Mentor Name (if other than Adult Sponsor)	
Mentor Affiliation	
As a part of this research project, the student directly handled, manipulated, or interacted with (Check all that apply):  Human Subjects Vertebrate Animals Potentially Hazardous Biological Agents:  Microorganisms rDNA tissue	
We certify that this project is in compliance with all LISEF and ISEF Guidelines and all federal and state laws and regulations and that all appropriate SRC/IRB reviews and approvals have been obtained.	
Adult Sponsor Signature	Mentor Signature *
Date	Date
Liaison Signature	Principal Signature
Date	Date

Submit at Registration Desk on Day of Fair; one Certificate is required for each project.

<sup>\*</sup>If a mentor is affiliated with a Registered Research Institution, in lieu of the signature, you may attach ISEF Form 1C.