



**Form #7 (3) Supplemental User
Termination of Restricted Data From
The Mexican Health And Aging Study**

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Please note that you are to submit one original, signed copy of this document.

As the Restricted Data Investigator to Mexican Health and Aging Study (MHAS) restricted data agreement _____ at _____, I certify by my signature below that the following co-investigators or research staff no longer have access to MHAS 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 name

Title