



**VANDERBILT UNIVERSITY**  
**Department of Psychology**  
**DIRECT CHECK REQUEST**  
Subject Participation Receipt

Revised: 7/2018

**TO BE FILLED OUT BY PARTICIPANT**  
**[All fields ARE REQUIRED – name must be full legal name]**

**PLEASE PRINT LEGIBLY**

|                                               |                                                                                                                                                                          |                                                                                              |           |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------|
| <b>W9/W8 TAX &amp; REMITTANCE INFORMATION</b> | Date                                                                                                                                                                     | email address                                                                                |           |
|                                               | First Name                                                                                                                                                               | Middle                                                                                       | Last Name |
|                                               | Street Address                                                                                                                                                           |                                                                                              |           |
|                                               | City                                                                                                                                                                     | State                                                                                        | Zip       |
|                                               | Phone #                                                                                                                                                                  |                                                                                              |           |
|                                               | Affiliation [if applicable]<br><input type="checkbox"/> VU Student [not VUMC] <input type="checkbox"/> VU Employee [not VUMC] <input type="checkbox"/> No VU Affiliation |                                                                                              |           |
|                                               | Citizenship                                                                                                                                                              | U.S. citizen or permanent resident? <input type="checkbox"/> YES <input type="checkbox"/> NO |           |
| Email Address                                 |                                                                                                                                                                          |                                                                                              |           |

**Signature of recipient:** \_\_\_\_\_

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information

**TO BE FILLED OUT BY EXPERIMENTER**

|                        |                                      |                   |
|------------------------|--------------------------------------|-------------------|
| <b>PAYMENT/INVOICE</b> | Principal Investigator               | IRB Protocol #    |
|                        | Title Of Experiment                  |                   |
|                        | Project Number / Award To Be Charged | Payment Amount \$ |
|                        | Researcher                           |                   |