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**Omnibus Permission Form for the Male Role Norms Inventory-Revised (MRNI-R), Male Role Norms Inventory-Short Form (MRNI-SF), Male Role Norms Inventory-Very Brief (MRNI-VB), Male Role Norms Inventory-Adolescent Revised (MRNI-A-r), CMNI-30, Femininity Ideology Scale (FIS), Femininity Ideology Scale-Short Form (FIS-SF), Health Behavior Inventory-20 (HBI-20), Health Behavior Inventory-SF (HBI-SF), Women's Non-Traditional Sexuality Questionnaire (WNSQ), Father's Expectations About Son's Masculinity Scale (FEASMS), Father's Current Expectations About Son's Masculinity Scale (FCEASMS), Aging Adult's Masculinity Ideology Inventory (AAMII), and the Reference Group Identity Dependence Scale (RGIDS).**

Name:	
Address:	
City, State, Zip	
Email Address:	
Phone:	
Fax:	

1. Which instrument do you plan to administer (check one)?

<input type="checkbox"/>	MRNI-R
<input type="checkbox"/>	MRNI-SF
<input type="checkbox"/>	MRNI-VB
<input type="checkbox"/>	MRNI-A
<input type="checkbox"/>	MRNI-A-r
<input type="checkbox"/>	FIS
<input type="checkbox"/>	FIS-SF
<input type="checkbox"/>	CMNI-30
<input type="checkbox"/>	HBI-20
<input type="checkbox"/>	HBI-SF
<input type="checkbox"/>	WNSQ
<input type="checkbox"/>	FEASMS
<input type="checkbox"/>	FCEASMS
<input type="checkbox"/>	AAMII
<input type="checkbox"/>	RGIDS

2. Please briefly describe your research project (use reverse side if necessary).

3. How many participants will complete the instrument? \_\_\_\_\_

4. If this is a master's thesis or doctoral dissertation, who is supervising the research (please provide faculty member's name address, phone number, and email address):

Name:	
Address:	
City, State, Zip	
Email Address:	
Phone:	
Fax:	

I agree to send the results to Dr. Ronald Levant to be included in any future reviews on his instruments. This means sending me copies of the thesis, dissertation, convention presentation, and submitted or published journal article that describes the research's rationale, methods, results, and discussion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Retain one copy of this form, and return one to Ronald Levant at the address on page one.**