



NORTHWEST FLORIDA STATE COLLEGE

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DATA AND INFORMATION REQUEST

PLEASE ALLOW FOR AT LEAST ONE (1) WEEK TURN AROUND EXCLUDING WEEKENDS

(If you need assistance completing this form, please contact Institutional Research.)

Name of Requestor: _____ Date of Request: _____

Organization/Department: _____ Position: _____

Telephone Number: _____ Email Address: _____

Requested Completion Date: _____ **Please allow for at least one (1) week turn around**

Detailed Description of Request (purpose, description, population, timeframe of requested data*, etc.) *NOTE: Timeframe = Term(s) and Year(s)

Limit response to 1300 characters

How will this information be used?

Limit response to 180 characters.

Will the information/research be published and if so, where?

Limit response to 180 characters.

How will the confidentiality and security of the information be assured?

Limit response to 180 characters.

**SUBMIT THIS FORM VIA EMAIL TO:
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