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DATA AND INFORMATION REQUEST

PLEASE ALLOW FOR AT LEAST A TWO (2) 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 a two (2) week turn around
Detailed Description of Request (purpose, des	
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.	
Limit response to 100 characters.	
Will the information/research be published and if so, where?	
Limit response to 180 characters.	
How will the confidentiality and security of the	ne information be assured?
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