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DATA AND INFORMATION REQUEST

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

Name of Requestor:	Date of Request:
Organization/Department:	Position:
Telephone Number:	
Requested Completion Date:	(Please allow for at least one (1) week turn around excluding weekends)
Detailed Description of Request (purpose, des	
requested data*, etc.) *NOTE: Timeframe =	Term(s) and Year(s)
How will this information be used?	
Will the information/research be published a	and if so, where?
How will the confidentiality and security of the	he information be assured?