



# NORTHWEST FLORIDA STATE COLLEGE

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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: \_\_\_\_\_ Email Address: \_\_\_\_\_

Requested Completion Date: \_\_\_\_\_ (Please allow for at least one (1) week turn  
around excluding weekends)

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

How will this information be used?

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

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

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***SUBMIT THIS FORM VIA EMAIL TO:  
hodginsd@nwfsc.edu***