

DATA REQUEST FORM

The Offices of Institutional Research and Registrar and Academic Services are committed to supporting the mission of the University. Our offices receive many requests for data and we try to accommodate as many as can be managed alongside our regular work cycles and staff capacity. We have created a form to help optimize our ability to respond to requests while also providing clear guidance to data-seekers. Please see the *Student Data Release Policy* for more information.

Before making a request, please examine the extensive data and data tools that are already available on the portal via Argos. If you cannot find what you need, please complete this form with specific details about your request so that we may best serve you.

All requests must fulfill a need specific to the academic or administrative operation of the University. We do not fulfill requests by faculty or students for academic research or classroom use (i.e., course projects, surveys, scholarly research). If data is provided, it is to be used ONLY for the purposes stated on the Data Request Form. It may not be used for any other purpose, or redistributed without prior written approval from the Offices of Institutional Research and Registrar and Academic Services.

The Offices of Institutional Research and Registrar and Academic Services complies with FERPA legislation. For information regarding FERPA, please consult the University catalogs.

REQUIRED INFORMATION:

Name (first and last):

Office/Department Name:

Title:

Phone (xxx-xxx-xxxx):

Status:

- Faculty
- Staff
- Student
- Other: _____

Email:

Summarize the nature of your request:

What business process will the data extract support?

With whom will the data be shared? Please list the parties who will receive the data and how this data will be provided to them.

Will the data be used for academic research or publication?

- Yes. Please provide IRB approval.
- No

How will the final data extract(s) need to be received (individual student or aggregate format)? If aggregate, is any special grouping required? If the individual student data contains non-directory or "protected" information (e.g., ethnicity), then the requestor may be provided with aggregate data.

List the data elements/fields that are needed (e.g. name, student ID, level, program, admit term, etc.). Requests that include any of the following elements that are not directory information will be evaluated thoroughly before approving their release: sex, ethnic group, grades, admission scores, grade point average(s), religion, veteran status, parent/guardian, athletic, and financial.

Have you requested this data in the past?

- Yes. List approximate data the last request was fulfilled:

- No

Is it likely that you will be submitting a future request for this data? If so, indicate the frequency.

- One time only
- Per term
- Annually
- Other: _____

Indicate the date (month/day/year) by which you would like to receive the data. If approved, your data request will be fulfilled on a first-come,first-served basis. Note that we require at least 2 weeks processing time and may not be able to meet your

requested deadline due to other commitments and the nature of your request. More extensive data requests may take longer. Please do not indicate "ASAP" on your request. Every effort will be made to process your request by the date that you provide.

Date Needed:

If you wish to receive this data in a different format other than Excel, please indicate your preferred file format. Because of limited resources and high volume, we are not able to complete any data analysis, data manipulation, or visual representation beyond the provision of the requested data.

Once delivered to you, how will the data be stored?

How will the data be destroyed after its indicated purpose is fulfilled?

I agree to use the data received ONLY for the purpose specified in this request. I will not redistribute or share this information with anyone not identified herein. I also acknowledge that all student information protected under FERPA guidelines will be kept confidential and destroyed immediately following fulfillment of the intended purpose.

I Agree. Signature: _____

Please return this form to Richard Walsh, Institutional Research, St. Thomas Hall, 5th Floor. Thank you.