



DATA REQUEST FORM

Instructions: Please complete all sections of this Data Request Form. Upon completion, please submit the form to the Associate Dean of Institutional Effectiveness and Compliance. All requests must adhere to guidelines set forth by the Family Educational Rights and Privacy Act (FERPA). All requests will be completed as soon as possible after receipt of request *and* in receipt order.

Requester's Name: _____

Phone: _____ Email: _____

The specific purpose of the request: _____

Describe in detail the specific data being requested and the required format for this information:

Supervisor Approval:

Signature *Date*

Dean Approval:

Signature *Date*

For IERC Use Only:

<i>Action</i>	<i>Date</i>	<i>Comments/Notes:</i>
Date Received by IERC		
Delivered by IERC		