Oklahoma State Regents for Higher Education

Data Request Form

Release of data is subject to approval. For consideration please provide the following information.

Contact information

Name: _____________________________
Title: _____________________________
Organization: _____________________________
Department: _____________________________
Phone number: _____________________________
E-mail address: _____________________________

How will the data be used? What is the purpose of the request?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What data are needed?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date needed ________________________________________________________________________

Identify preferred mode of output (ASCII, Excel, hardcopy)

________________________________________________________________________
**Statement of Understanding**

The information obtained through the unitary data system is, by Federal law and State Regents policy, confidential, and may not be used except as officially authorized. The Family Educational Rights and Privacy Act of 1974 (FERPA) protects the privacy of the student records. The requester agrees to maintain the confidentiality of the data provided, use the data exclusively for the intended purpose, store the data in a secure area, and dispose of the data in an approved manner (i.e., shredding). Requesters may be held liable for the information divulged to unauthorized parties as a result of negligent maintenance or use of reports by requesters or their agents.

By my signature, I verify the information requested and confirm I have read, understand, and will comply with the above statement of understanding.

______________________________    ____________________________
Signature                              Date

______________________________
Approval Level

______________________________
Authorizing Signature