



DATA REQUEST FORM

Office of Student Services & Enrollment Management

Date: _____

Request submitted by:

Faculty

Staff

Student

Name

Extension

UHD e-mail

Department

Describe the project for which this data is requested:

Search Criteria:

What data elements are needed?

If student name and/or ID are needed explain why

Name: _____

ID: _____

What will this data be used for?

Who will be accessing/viewing data?

Where will data be stored?

What will be done with data after project is complete?

Date data is needed

Format/medium needed: (ie report, list, Excel file, etc)

UHD has a policy in conformity with the Family Educational Rights and Privacy Act (FERPA) covering the release of student records. Release of personally identifiable information about students is prohibited under this law. Your signature below indicates that you understand your responsibility in using student data. Please refer to the UHD catalog or call the Office of Student Services & Enrollment Management for more information.

Requester signature:

Department approval: