

Reset Form



AUBURN UNIVERSITY
AT MONTGOMERY

Print

Submit

DATA REQUEST FORM
Internal / External Request Form

Date: Project Request: Project Method: Request Needed By:

Name of Requestor: Department:

Email Address:

Has this request been discussed with your Dean/Dept. Head?

YES NO Date Discussed:

Has this request been discussed with an Associate Provost?

YES NO Date Discussed:

Contact Number:

Describe requested data in detail (e.g., survey description, semesters desired, undergraduate, graduate, etc.)

What is the institutional / instructional / educational purpose of this request and how will the information be used?

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

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

Office Use:

| | | | |
|----------------|-----------|-----------------|---------------|
| Date Received: | Route To: | Date Completed: | Completed By: |
| Comments: | | | |