



REQUEST FOR DATA

REQUESTOR _____ PHONE NO. _____

AGENCY/ORGANIZATION _____

ADDRESS _____

CITY _____ DATE OF REQUEST _____

STATE/PROVINCE _____ ZIP CODE _____ DATE DATA NEEDED _____

E-MAIL _____ FAX NO. _____

PROJECT TITLE

SPECIFIC DATA ELEMENTS REQUESTED

TYPE OF OFFENDER / POPULATION

DATA RANGE

PURPOSE OF DATA *(What questions are you trying to answer?)*

WHO WILL HAVE ACCESS TO THE DATA?

WHAT SECURITY MEASURES WILL BE TAKEN TO PROTECT THE DATA FROM UNAUTHORIZED ACCESS?

Do you have an Independent Review Board (IRB)? YES NO

If yes, has the data request been through the IRB process? YES NO

Will data be used for research purposes only? YES NO

Will data be published or reprinted? YES NO

If yes, do you plan on including anything other than summary data? YES NO

If other than summary data, please explain:

WHAT WILL BE DONE WITH DATA WHEN PROJECT IS COMPLETED?

ELECTRONIC FORMAT REQUIRED

Summary Data

Raw Data

DATA DELIVERY METHOD

DO YOU ANTICIPATE NEEDING THIS DATA UPDATED?

SIGNATURE OF REQUESTOR

TITLE

AUTHORIZATION TO RELEASE INFORMATION

Authorization to release/transfer requested data to the requesting entity for the purpose indicated above is hereby granted.

General Counsel

Date

Associate Deputy Director for Hearing and Policy Management

Date

Associate Deputy Director for Paroles, Pardons & Rehabilitative Services

Date

Director of the Office of Professional Responsibility

Date

Deputy Director for Field Operations

Date

TO BE COMPLETED BY ASSIGNED DATA ANALYST:

DATA ANALYST

DATE RECEIVED

DATE COMPLETED

COMMENTS