



South Carolina Department of Probation, Parole & Pardon Services
Request for Offender Data

Requestor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency / Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Date of request: \_\_\_\_\_

State/ Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date Data Needed: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Project Title [Text Box]

Specific Data Elements Requests [Text Box]

Type of Offenders [Text Box]

Data Range [Text Box]

Purpose of Date (What question are you trying to answer?) [Text Box]

Who will have access to the data? [Text Box]

What security measures will be taken to protect the data from unauthorized access? [Text Box]

Do you have an IRB (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 If "NO", attach explanation

Will data be published or reprinted? [ ]Yes [ ]No
If "YES", do you plan on including anything other than Summary data? [ ]Yes [ ] No

(Please forward a copy of anything published to SCDPP)

If other than Summary data, please explain: [Text Box]

**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?**

Yes

No

**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.

\_\_\_\_\_  
**Reviewed by: Assistant General Counsel**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Deputy Director for Paroles and Pardons**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Deputy Director for Field Operations**

\_\_\_\_\_  
**Date**

**To be completed by assigned Data Analyst:**

**Data Analyst**

**Date Received**

**Date Completed**

**Comments**