



# 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

Specific Data Elements Requests

Type of Offenders

Data Range

Purpose of Date *(What question 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 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:

**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 Legal Services**

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

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

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

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

**Data Analyst**

**Date Received**

**Date Completed**

**Comments**