



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 Legals and Policy Management

Date

Deputy Director for Field Operations

Date

To be completed by assigned Data Analyst:

Data Analyst

Date Received

Date Completed

Comments