



SOUTH CAROLINA DEPARTMENT OF PROBATION, PAROLE AND PARDON SERVICES

# 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

\_\_\_\_\_  
**Deputy Director for Legals and Policy Management**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Privacy and Compliance Manager**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Deputy Director for Offender Supervision and Enforcement Services**

\_\_\_\_\_  
Date

**TO BE COMPLETED BY ASSIGNED DATA ANALYST:**

DATA ANALYST

DATE RECEIVED

DATE COMPLETED

COMMENTS