



# DATA REQUEST FORM

Registrar, Research Analyst

Crystal Hotchkiss 701.774.4267

[crystal.hotchkiss@willistonstate.edu](mailto:crystal.hotchkiss@willistonstate.edu)

Date Submitted: \_\_\_\_\_

Date Needed: \_\_\_\_\_

One time Request:

Will need data again: Y      N

When: \_\_\_\_\_

(Ex: at census, end of term, beginning of term, etc.)

**Williston State College requires the submission of this form for ALL data requests.**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Describe data requested. Please be as specific as possible to ensure data is correct, attainable, and useful.

---

---

---

---

---

---

Use and purpose of data requested (who will use the data, how will it be protected to ensure confidentiality according to FERPA):

---

---

---

**Administrative Authorization:**

As the WSC Dean/Department Chair/Supervisor responsible for the data request outlined above, I recognize that the unauthorized use of this data could be a violation of FERPA guidelines and lead to subsequent denial of future request.

Dean/Department Chair/Supervisor Signature: \_\_\_\_\_

Requestor Signature: \_\_\_\_\_

**FOR RESEARCH AND RECORDS OFFICE PERSONNEL ONLY:**

Approval Initials: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Request Completed by: \_\_\_\_\_ Report ID: \_\_\_\_\_

Estimated hours to complete: \_\_\_\_\_