



DATA REQUEST FORM

PRINT AND SEND TO:

Office of the Registrar | Williston State College | 1410 University Avenue Williston, ND 58801
701.774.4211 (f) | wsc.records@willistonstate.edu

Date Submitted: _____

Date Needed: _____

One time Request: _____

Will need data again: _____

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: _____