

**Truman State University
Data Request Form**

Instructions: This form should be submitted for any request for data from any data system maintained by Truman State University, including but not limited to the SCT Banner System and SUMMIT. If data is requested which includes elements not controlled (owned) by the requesting division or office, approval by the Data Management Coordinator is required. If additional space is needed for the project description or data element list, please use attachments. *Deliver completed form to ITS.*

Project Title: _____

Date Submitted: _____

Date Needed: _____

Project Description and Potential Benefits:

Data Elements Requested:

Data Format Requested (electronic file, printed report, labels, other):

Signature of Requester: _____ **Printed Name:** _____

Phone: _____ **Email:** _____

**Signature of Academic Division Head
or Administrative Department Head:** _____ **Date:** _____

Data Management Coordinator: _____ **Date:** _____

Action Taken: _____

This area for use by ITS

Date Received: _____

Program Name: _____ **Program Title:** _____

Deliver completed form to ITS.