

Truman State University
Online Survey Request Form

You must fill out this form to request authorization to create surveys on <http://survey.truman.edu>
You will be responsible for creation of your own survey, IT Services will only provide support in using the survey creation tool, they will not create the survey for you.

Name of group or individual requesting survey _____

If a group, name of contact person _____

Preferred email address: _____

Network account to be authorized: _____ FAC/STAFF _____ STUDENT

Survey Name: _____

Purpose/Description of this survey:

If this Survey will be used for research, I confirm that I have followed all IRB procedures (see <http://grants.truman.edu>)

This Survey will be taken by:

_____ Truman Students

_____ Truman Faculty and Staff

_____ Individuals not associated with Truman State University

Estimated Survey Start Date: _____ Estimated Survey End Date: _____

By signing below, I agree that the survey described above will comply with the Truman State University Acceptable Computer Use Policy found at <http://its.truman.edu/policies> I agree to follow ITS documentation and guidelines regarding the creation of surveys and will notify IT Services prior to the launch and advertisement of the survey and following the completion of the survey. I understand that the privilege to create surveys only applies to the survey described above and that any future surveys will require a new, signed copy of this form.

Contact Person Signature: _____ Date: _____

Dept/Division Head (Faculty Advisor for Student Organizations):

Name: _____ Email: _____ Phone: _____

Signature: _____ Date: _____

PLEASE SUBMIT SIGNED, COMPLETED FORM TO IT SERVICES – MC 111.