

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 Banner System. If data is requested which includes elements not controlled (owned) by the requesting department/office, ITS will forward to the appropriate Data Custodian for approval. If additional space is needed for any section, please use attachments. *Submit completed form to ITS. (MC 111)*

Project Title: _____

Date Submitted: _____

Date Needed: _____

Project Description and Potential Benefits:

Population Selection Description: (ex: UG BIOL major juniors and seniors)

Data Elements Requested: (ex: name, email address, major, etc)

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

Signature of Requester: _____

Printed Name: _____

Phone: _____

Email: _____

**Signature of Dean/Department Chair
or Administrative Department Head:** _____

Printed Name: _____

Date: _____

Data Custodian: _____

Printed Name: _____

Date: _____

Action Taken: _____

This area for use by ITS

Assigned: _____

Date Received: _____

Program Name: _____

Program title: _____

Submit completed form to ITS