Data Request Form (Copy)

Jul 29, 2024

Please complete this data request form to help us generate timely and accurate data/information for you.

If you are requesting support with research surveys and/or distribution lists

Required
This form will record your name, please fill your name.
1. Date of Request *
ET
2. Name of Requester *
3. Title *
4. Department/Division *
5. Email address *

6.	Purpose of Data Request: (Check all that apply) *	
	Accreditation	
	Grant Application/Progress Report	
	Report for BOT/President/Dean	
	Other	
7.	Anticipated Frequency of this Data Request *	
	One-time request	
	O Monthly	
	Quarterly	
	O Bi-Annually	
	Annually	
	○ Ad Hoc	
8.	Deadline for Data Request *	
9.	Please provide as much detail as possible about the information needed or question you are trying to answer. Please include the Academic Year (s)/Semester (s), specific groups, such as programs or demographics, of the data you need. *	
10.	Attach additional pages or sample reports in preferred formats (EXCEL, Word, PDF, CSV, etc.)	
	↑ Upload file	
	File number limit: 3 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio	

11.	From what year(s) or term(s) do you need the data? *	
	Current term	
	Most recently completed term	
	Previous academic year	
	Last 3 academic years	
	Last 5 academic years	
	Other (please specify in special instructions box)	
12.	How will this information be used and/or disseminated? *	
12	. Today's date *	
13.	Today's date	
	Confidentiality and Compliance Acknowledgment	
	Pursuant to the Meharry Medical College data sharing policy, lists containing identifying factors of individual students, faculty, or staff (unit-level records) cannot be provided except where noted. The FERPA tutorial must be completed to be eligible to receive lists with individual, personal information.	
	Aggregate data, reports, and data sets absent of identifying factors are not subject to FERPA regulations but should still be handled with care.	

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