Institutional Research Request Form for WCC Faculty and Staff

Name of requestor	Department	Date of request	Date information needed

Describe the information requested

What is the institutional/instructional/educational purpose of the request?

How will the information be used?

Will the information/research be published and if so, where?

How will the confidentiality and security of the information be assured?

How will the confidentiality of individuals be maintained (i.e., what is the smallest cell which will be reported in aggregate?)

What is the format to be used for presenting the information (i.e., paper, disk media, web-based, etc.)?

How long will the information/records be maintained and how will they be disposed of after the period of use?

Requestor

I certify that I will comply with the security and maintenance of confidentiality and will not disclose this information to a third party.

printed name	*signature*	*position*	*date*

Approval by

I certify that the requestor has a legitimate institutional/educational interest to the information requested.

printed name	*signature*	*position*	*date*

Office of Institutional Research Use

Date received	Date reviewed	Date assigned	Date completed	Priority assigned
				Status

Approvals	Comments

Office of Institutional Research, Windward Community College, Kaneohe, HI 96744
wccir@hawaii.edu http://www.wcc.hawaii.edu/ir/

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