

Research and Data Request

Requestor's Information

Full First and Last Name: _____

Phone Number: _____

Supervisor: _____

Department: _____

Request Type

- Data Request (raw data, enrollment numbers, etc.)
 - Will this request be utilized for any of the following? (Select all that apply)
 - Board of Trustees Interaction
 - Program planning and/or review
 - Conference presentation/Publications
 - Federal/State Compliance Reporting
 - Public Information Compliance Reporting
 - Mandatory Reporting and/or Grant Requirements
 - Other (please specify) : _____
 - Have you discussed this request with your supervisor? (This is not a requirement, but some requests may require supervisor approval.)
 - Yes
 - No
 - Please describe your data request in detail. (Please include specific question(s) you wish to answer [e.g. how many students successfully completed Course A in Fall 2021]. Be sure to specify any student/employee group, special population, cohort, and/or timeframe you are interested in assessing.):

- Research Study
 - Will this request be utilized for any of the following? (Select all that apply)
 - Board of Trustees Interaction
 - Program planning and/or review
 - Conference presentation/Publications
 - Federal/State Compliance Reporting
 - Public Information Compliance Reporting

- Mandatory Reporting and/or Grant Requirements
- Other (please specify) : _____

- Have you discussed this request with your supervisor? (This is not a requirement, but some requests may require supervisor approval.)
 - Yes
 - No
- Please describe your research request in detail. (Please include specific question(s) you wish to answer [e.g. how many students successfully completed Course A in Fall 2021]. Be sure to specify any student/employee group, special population, cohort, and/or timeframe you are interested in assessing.):

- Online Survey/Survey Results - Please review the Guidelines [here](#) for Requesting District Surveys before submitting your request

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 - Mandatory Reporting and/or Grant Requirements
 - Other (please specify) : _____
- Have you discussed this request with your supervisor? (This is not a requirement, but some requests may require supervisor approval.)
 - Yes
 - No
- Please describe your survey request in detail. (Please include specific question(s) you wish to answer [e.g. how many students successfully completed Course A in Fall 2021]. Be sure to specify any student/employee group, special population, cohort, and/or timeframe you are interested in assessing.):

- Workshop/Training Evaluation

- Workshop/Training Name: _____
- Workshop/Training Date (MM/DD/YY): ___ / ___ / ___

- Workshop/Training Time: ____: ____ AM/PM
- Consultation and/or Data Coaching
 - Consultation and/or Data Coaching Topic: _____
- Other (please specify): _____
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For All Requests

- Preferred Deadline (MM/DD/YY): ____ / ____ / ____
- Some data and survey results may include sensitive/personally identifying information and references to the District students, faculty and staff. Disclosure of personally identifiable information to unauthorized parties violates the [Family Education Rights & Privacy Act \(FERPA\)](#). Please use this information only for its intended purposes and handle it in a professional manner as required by the [General Ethical Standards \(COS AP 3050\)](#). Properly dispose of this information when no longer needed.
 - I understand and will comply with the FERPA regulations and the General Ethical Standards mentioned above. (Check box to agree)

Please email this completed form to research@cos.edu. If you have documentation or other attachments relevant to this request (i.e. survey materials, attendee lists, etc.), please attach them to your email with this request form.