**Request for Personally Identifiable Student Data**

**FOR UW INTERNAL USE ONLY**

This is a request for data which discloses personally identifiable information about students.

**Please fill out all fields completely in detail for faster processing.**

Requested by:

Department:

Title:

Phone:

Email:

Request Date:

Please describe what is needed in the space below. What is the selection criteria (i.e. specific site(s), major(s), college(s), etc.)? What information is needed (i.e. Student name, ID number, address information (and which), email, etc.)? Please reference Banner form names and data elements as specified on those forms whenever possible:

In what format would you like the data?

Printed Report [ ]  Excel [ ]  Access Table [ ]  Word Mail Merge [ ]

Other (specify):

When is this data needed (ASAP is not a valid date)?

Why is this information needed?

How will this information be used?

For how long will this data be used/retained?

How will this data be disposed of?

Access to student data is provided to enable authorized university employees to perform their jobs. Any other access or use of the information is in violation of the Family Educational Rights and Privacy ACT (Public Law 93-568, Sec. 2; 20 U.S.C. 1232g). Persons responsible for unauthorized access or dissemination of information are subject to university sanctions up to and including dismissal. **This data is not to be duplicated or shared for any purpose other than the one specified above.**  Please allow seven to ten days for processing.

By signing below, I acknowledge that I have read and understand the above statement.

|  |  |
| --- | --- |
| Signature |  Date |