

REQUEST FOR DATA FORM

(For data to be used within the University only)

Transaction No.:	_	
	Consent statement:	<u>-</u>
	lect your personal information only for t cured in compliance with the Data Priva	the purpose indicated in the form. All information acy Law.
Date (mm/dd/yyyy):		
Data being requested:		
Period:		
Purpose:		
Format:	[] E-copy to be sent via Email	
Requested by:		
	Signature	over printed name
Email address:		
Recommending Approval:		Noted by:
Director/Unit Head/College Dean		Data Privacy Officer
	Approved:	
	Director, OAF	R
	Please submit to Data Processing Officer	
	Date Released	

Due Date (at least three days):

- o Maybe given longer than three days if data requested are complex (7 days)
- O Maybe given longer if peak season (3-7 days)