Hawaiʻi Data eXchange Partnership
Data Request Form
De-Identified, Individual-Level Data

Once received and reviewed, your request will be submitted to the appropriate data owners for approval. We will contact you if we have any questions regarding your request. **Even though this request is for individual-level data, all findings/results must be presented in aggregate format with small cell sizes suppressed (i.e., <10 for education data, < 5 for workforce data).** All products created from this data set must first be reviewed by data owners for correct cell suppression before it can be more widely shared.

Date: _____

A. REQUESTOR INFORMATION

Requestor Name: _____

Position Title: _____

Organization: _____

Department/Unit: _____ Phone: _____

Email Address: _____ Cell: _____

B. PURPOSE / DETAILS OF REQUEST

1. Project Name: _____

   ☐ My request is related to a previous data request (Hawaiʻi DXP Project ID#: _____)

2. I am using data for:

   ☐ Program evaluation

   ☐ Government reporting (e.g., compliance reporting)

   ☐ Academic research -- Institutional Review Board (IRB) application **and** approval must be submitted to DXP.

   ☐ Other (e.g., grant application): _____

3. The purpose of my request/questions I am trying to answer and populations I will be examining:

4. Potential benefits this will have for DXP Partners, schools, educators, policymakers, and/or researchers:

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5. Data categories or elements (e.g., specific demographics and associated time periods such as date ranges, semesters, school years, graduating classes) I am requesting:

A separate sheet or sample template may be attached to help us better understand how you would like the data.

Sector/Agency	Data Categories/Elements	Time Period(s)
K-12: Hawaiʻi State Department of Education		
Postsecondary: University of Hawaiʻi*		
Workforce: Unemployment Insurance Division		

Please specify campus(es) as needed.

6. My project timeline:

Date data is needed by: _____

A minimum of 20 working days are required to complete a request. Please note that non-standard requests may require additional lead time.

Expected completion date of my project: _____

For grant/government reporting audit purposes, I will need to keep this data on file until:_____

The DXP requires you to certify destruction of all individual-level data after project completion, or audit period if applicable, in line with Federal and State privacy and confidentiality statues. All projects are subject to audit/periodic review.

☐ This is an annual, multi-year request that involves getting updated data over the course of the project (e.g, data updated yearly for an annual report, grant reporting, etc.).

A maximum of five years of updates will be allowed.

Requested schedule of updated data:

[ ]

I understand that it is my responsibility to contact DXP staff regarding the timing of updated data a minimum of three months before the data is required.

7. The DXP requires you to submit a copy of your data product to review for small-cell suppression 10 business days before it is shared with a party other than those listed as having access to the data, per the "User Access to Data Section" of this form.

   List all anticipated reports and/or products that will result from this data request and their intended audience (e.g., share with program staff/accreditor, present at a conference, submit to a journal, post to a website, etc.):

8. Additional notes/special considerations:

C. MANAGEMENT OF DATA

Electronic Data Handling: Transmission, Access, Protection, Destruction

1. Once received and for the duration of my project, the data file(s) will be stored:

☐ On a server/computer at my organization*

☐ On a personal server/computer

☐ On an encrypted mobile storage device

☐ Other: _____

My organization's Information Technology staff may have role-based access to the server.

2. I will be using the following protection mechanism(s) to secure the data/file(s):

☐ Password-protected file / Encrypted file

☐ Secured access via authenticated accounts and passwords

☐ Computer and/or mobile storage kept in a locked, secured area only accessible by a small number of people

☐ Other: _____

3. The data/file(s) will be destroyed after my project completion date via the following method(s):

☐ Secure erase utility and/or process

☐ Secure physical destruction of the device

☐ Degaussing the device

☐ Other: _____

Go to www.hawaii.edu/askus/706 and/or https://www.nist.gov/publications/nist-special-publication-800-88-revision-1-guidelines-media-sanitization for more information on securely deleting electronic information.

Paper Data Handling: Access, Protection, Destruction

1. Once received and if any data is printed, I will use the following method(s) to store and protect the paper documents:

☐ Locked file cabinet in a secured location

☐ Locked file cabinet in a shared office space (e.g., a departmental office area)

☐ Stored in a secure location (e.g., paper documents are not in a locked file cabinet)

☐ Not applicable; there will be no printed copies

☐ Other: _____

2. Once received and if any data is printed, the paper documents will be destroyed after my projection completion date via the following method(s):

☐ Shredded using a cross-cut shredder or via a professional disposal service.

☐ Not applicable; there will be no printed copies

☐ Other: _____

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D. USER ACCESS TO DATA

All individuals who will have access to the individual-level data received from the DXP, including access to any servers where the data will reside, as well as any electronic and paper files, shall understand and acknowledge the requirement to protect individual privacy and confidentiality, as evidenced in part by the completion of certain training modules indicated in the table below, as appropriate.

All data users must also complete and submit the Hawai'i DXP Confidentiality Agreement. (Downloadable at: https://www.hawaiidxp.org/individual-level-requests/)

I certify that it is within the professional roles and responsibilities of the individuals listed below to receive and hold the data. I certify that access to the data shall not be given to anyone other than these individuals.

Name	Position Title	Organization	Email	Phone	Date Completed	
					FERPA Training[1]	CITI Training[2]

[1] FERPA Training must be completed through either the following PTAC modules: 1) FERPA 101 For Local Education Agencies (for requests involving K-12 data) OR 2) FERPA 101 For Colleges & Universities (for non-K-12 requests).   To take this training, go to: https://studentprivacy.ed.gov/content/online-training-modules

[2] The following courses must be completed: 1) Human Subjects Research – Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel, and 2) Information Privacy & Security – Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel IPS or equivalent (as determined by the DXP). To take this training, go to: www.citiprogram.org

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E. REQUESTOR'S CERTIFICATION

By submitting this form, I agree to the following:

☐ I will not use the data entrusted to me for any purpose other than that stated on this data request form.

☐ I will notify Hawaiʻi DXP if any information about this data request changes.

☐ I will report any misuse of data, as outline in the DXP Data Misuse Process (downloadable at https://www.hawaiidxp.org/individual-level-requests/), to the DXP immediately.

☐ I understand that if I am found responsible for a violation of any of the conditions of this form, or for misuse of data pursuant to the DXP Data Misuse Process, my actions may result in, at a minimum, being denied access to any data from DXP for a period of five years.

On behalf of myself and/or organization I represent, I certify that the information provided in this Hawaiʻi DXP Request Form is true and correct.

Requestor Signature: _____ Date: _____

F. SUPERVISOR'S / ADVISOR'S ACKNOWLEDGEMENT

If requestors and/or data users do not respond and/or stop responding to the DXP regarding data destruction follow ups, the listed supervisor will be contacted resolve the situation as outlined in the Data Misuse Process. Otherwise, the project will be move to the DXP Data Misuse Team for investigation and rulings.

If requesting data for government reporting, the supervisor/advisor must be the individual ultimately responsible for ensuring secure maintenance of data and subsequent data destruction in alignment with data retention requirements:
- **-** For HIDOE: Data Governance & Analysis Branch Director
- **-** For UH: Campus Executive Data Steward(s) of the data involved
- **-** For DLIR: Division Administrator

Name: _____

Position Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

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