



Hawai'i Data eXchange Partnership Data Request Project Amendment Form

A. REQUESTOR INFORMATION

Requestor Name: _____

Position Title: _____

Organization: _____

Department/Unit: _____ Phone: _____

Email Address: _____ Cell: _____

B. PROJECT AMENDMENT INFORMATION

DXP Project ID#: _____

I am requesting the following amendment(s), with justifications, to my DXP data request:

Requestor Signature: _____ Date: _____

C. 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 HIDEO: 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: _____

Email your completed Project Amendment Form to: dxp@hawaii.edu