



Hawai'i Data eXchange Partnership Aggregate 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: _____

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