



Hawai'i Data eXchange Partnership Data Request Form Aggregate 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.

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 (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)
<p>K-12: Hawai'i State Department of Education</p>		
<p>Postsecondary: University of Hawai'i*</p>		
<p>Workforce: Unemployment Insurance Division</p>		

**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: _____

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.



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7. 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. 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 the DXP if any information about this data request changes.

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

Requestor Signature: _____ Date: _____