



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) to my DXP data request:

- Project End Date Extension **New Requested Project End Date:** _____
- Additional Data Elements (note in justifications)
- Additional Audience(s) Data Will Be Shared With (note in justifications)

Justifications of why the amendment(s) are needed:

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.

Name: _____

Position Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____