

San José State University

Request for Individual Data

Process Check List

- AVP or Dean
- Provost or VP (if applicable)
- ISO (if applicable)
- Data Owner
- IDMC (if applicable)
- Office Only

Requestor's Information:

Name: _____ Department: _____

Title: _____ Telephone: _____ E-mail: _____

Purpose(s) of the request:

Note: Attach additional information as necessary

	Yes	No	Not Applicable
1. For purposes of research, the SJSU Institutional Review Board (IRB) approval is attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. This authorization is for "one time use" of the data provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. This request includes Social Security number (SSN) and/or date of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. This request is for data extract to populate another database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About the requested data

5. Type of Requested Data: Student Data Faculty Data Employee Data, excluding Faculty
Others, specify: _____

6. List of Data Elements (Fields requested)

By signing below, you agree that the above request is true and accurate. In addition, you have read and agree to abide by the PD-2008-2 and/or PD 2008-3.

Requested by _____
Requester's Signature _____ Date _____
Printed Name _____

Associate Vice President or Dean: _____
Signature _____ Date _____
Printed Name _____

** Additional signatures are needed to complete your request (see the reverse page)

Additional Signatures

(a) If you answer "yes" for either Question 3 or Question 4 (on the previous page), these signatures are required.

Provost or Vice President: _____
Signature Date

Printed Name

Information Security Officer (ISO): _____
Signature Date

Printed Name

(b) Data Owner Use Only

For Student Data: Approved Denied Refer to IDMC for further review

Associate Vice President for Enrollment Services: _____
Signature Date

Printed Name

For Employee Data: Approved Denied Refer to IDMC for further review

Associate Vice President for Human Resources: _____
Signature Date

Printed Name

Comment: _____

(c) IDMC Use Only (optional): Approved Denied

Comment: _____

(d) Office Use Only (at the completion of the request)

This request was completed by: _____ Request Number: _____
Date (mm/dd/yyyy)