

## South Carolina Department of Probation, Parole and Pardon Services

## **Request for Data**

Requestor			Phone No.		
Agency/Organizat	tion				
Address					
City				Date of Request	:
State/Province		Zip Code		Date Data Needed	
E-Mail				Fax No.	
Project Title					
Specific Data Elements Requested					
Type of Offender / Population					
Data Range					
Purpose Of Data (What Questions Are You Trying To Answer?)					
Who Will Have Access to The Data?					
What Security Me Will Be Taken to F the Data From Unauthorized Acc	Protect				
Do you have an Independent Review Board (IRB)?				☐ Yes [	□ No
If yes, has the data	a request b	peen through the IRB p	process?	☐ Yes [	□ No
Will data be used for research purposes only?				☐ Yes [	□ No
Will data be publis	shed or rep	orinted?	☐ Yes [	□ No	
If yes, do you plan	on includi	ng anything other tha	n summary data?	Yes [	□ No
If other than s	summary c	lata, please explain:			

What Will Be Done Wi Data When Project Is Completed?	th							
Electronic Format Required	Summary Data		Raw Data					
Data Delivery Method								
Do You Anticipate Nee	ding This Data Updated?							
Signature Of Requesto	r							
Title								
Authorization to Release Information  Authorization to release/transfer requested data to the requesting entity for the purpose indicated above is hereby granted.								
General Counsel			Date					
Deputy Director for Le	gals and Policy Management	Date						
Privacy and Complianc	e Manager	Date						
Deputy Director for Offender Supervision and Enforcement Services  Date								
To Be Completed by Assigned Data Analyst:								
Data Analyst								
Date Received		Date Compl	eted					
Comments								