



I

STUDENT DATA REQUEST INSTRUCTIONS

Office of Academic Services, 1000 Hilltop Circle

Outlined below are instructions for requesting student data. Please note: Requests for aggregate data regarding student enrollment should be directed to the Office of Institutional Research (OIR).

◆ Submission of Data Request

Request for student data must be directed to: Lori DeThomas, UMBC, Office of Academic Services, 1000 Hilltop Circle, Baltimore, MD 21250. Fax: 410-455-1141. Requests should be submitted at least 2 weeks in advance. Request must include:

- Completed Student Data Request Form
- Signed Student Data Access and Compliance Form
- Copies of any correspondences that will be sent to students i.e. letters, flyers, surveys, etc., if names and addresses are being requested

◆ Review of Data Request

All data requests will be reviewed by the Office of Academic Services for compliance with state, federal and university laws regarding proper use of student data. Data requested for the purposes of surveying students will be reviewed by the University's Campus Assessment Coordinating Committee (CACC) and Institutional Research Board (IRB). Review and approval of data requests may also involve other departments. Upon final approval, requests will be submitted for fulfillment.

◆ Fulfillment of Data Request

Generally, request will be fulfilled within 10 working days *after final approval*. During peak periods i.e. start of semester, schedule adjustment, advanced registration, and finals, please allow 3-4 weeks for fulfillment.

Output options for data include electronic files and printed reports only.

II

STUDENT DATA ACCESS AND COMPLIANCE FORM

PURPOSE:

By signing this form you certify you are a user of Student Records data and that you agree to abide by the state and federal laws and University policies that apply to the proper use of data. For more information, please refer to Appendix VII of the Undergraduate Catalog at <http://www.umbc.edu/UnderGrad/Catalog/> for a full explanation of the University's Disclosure of Student Records Procedure.

RESPONSIBILITIES:

This data is a one-time request for the single purpose as noted in the attached request form. This data should not be released to third parties. As a user of Student Record data, you are responsible for:

- Storing under secure conditions all data that you obtain
- Making every reasonable effort to interpret data accurately
- Properly destroying all student data when finished using it
- Maintaining privacy of the data including knowing what constitutes "directory" or public information and observing the student's right to withhold this information.

CERTIFICATION:

By signing below, I understand my obligations as a responsible user of the data to which I have been granted access.

NAME (PRINT):	
SIGNATURE*:	
DEPARTMENT/ AFFILIATION:	
DATE:	

*Note: If you are a student representing a student organization, a faculty/university representative must also sign the request.

III

STUDENT DATA REQUEST FORM

I. REQUESTOR INFORMATION

(Please print clearly.)

Section I	Date:	Data Needed By Date*:		
	Name: <i>(Print)</i>	Building:	Room Number:	
	Department/Office:	Phone:		
	Email: <i>(Print)</i>	Fax:		

II. DESCRIPTION OF REQUEST

Please provide a brief description of the data you are requesting.

Section II	
	Have you requested this information in the past?: Yes <input type="checkbox"/> No <input type="checkbox"/>
	If so, please include any identifying information you may have:

III. PURPOSE OF REQUEST

Please indicate below the intended use of this data. If this data will be used to correspond with students, you must submit a copy of the proposed communication before the data request will be completed.

Section III	

IV. CRITERIA

Indicate the criteria to be used in selecting the data..

Section IV	Enrollment Status		Majors (Specify)		Class Standing		Ethnicity	
	<input type="checkbox"/> Undergraduate	1.	<input type="checkbox"/> Freshmen	<input type="checkbox"/> American Indian				
	<input type="checkbox"/> Graduate	2.	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Black				
	<input type="checkbox"/> Degree	3.	<input type="checkbox"/> Junior	<input type="checkbox"/> Asian				
	<input type="checkbox"/> Non-Degree	4.	<input type="checkbox"/> Senior	<input type="checkbox"/> Hispanic				
		5.		<input type="checkbox"/> Caucasian				
	Entry Status		GPA (Specify)		Credits (Specify)		Other (Specify)	
	<input type="checkbox"/> Freshmen	1.	1.	1.				
	<input type="checkbox"/> Transfer	2.	2.	2.				
		3.	3.	3.				
	4.	4.	4.					
	5.	5.	5.					
Notes:								

V. REQUESTED DATA ELEMENTS

Please indicate the data elements to be included in the report.

Section V	<input type="checkbox"/> HP ID	<input type="checkbox"/> Major	<input type="checkbox"/> Class Standing (Freshmen, Sophomore, etc.)	<input type="checkbox"/> Gender
	<input type="checkbox"/> SSN*	<input type="checkbox"/> Minor	<input type="checkbox"/> Semester Credits	<input type="checkbox"/> Entry Status (Freshman or Transfer)
	<input type="checkbox"/> First/Last Name	<input type="checkbox"/> Semester GPA	<input type="checkbox"/> Total Credits	<input type="checkbox"/> Transfer Credits
	<input type="checkbox"/> Permanent Address	<input type="checkbox"/> Cumulative GPA	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> SAT
	<input type="checkbox"/> Email	<input type="checkbox"/> Other (List below):		

*Requests for SSN's will require review and verification by Office of the Registrar staff.

VI. SORT ORDER:

Please indicate preferred sorting of data. If multiple sorting is required, please indicate sorting priority by number. (i.e. 1=first, 2=second level sorting)

Section VI	<input type="checkbox"/> Alpha (last name)	<input type="checkbox"/> GPA
	<input type="checkbox"/> HP ID	<input type="checkbox"/> SAT
	<input type="checkbox"/> Major	
	<input type="checkbox"/> Class Standing	
	<input type="checkbox"/> Other: _____	

VII. OUTPUT:

Please indicate your preferred output method.

Section VII	<input type="checkbox"/> Excel <input type="checkbox"/> Comma Separated Value (CSV) <input type="checkbox"/> Printed Report
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*Request should be completed within ten working days from time of approval. Additional permission may be required by Campus Assessment Coordinating Committee (CACC) or Institutional Research Board (IRB). During peak periods, i.e. start of classes, schedule adjustment period, and finals, requests could take from three to four weeks.

FOR OFFICE USE ONLY			
	DATE RECEIVED:	DATE COMPLETED:	COMPLETED BY:
	PRIORITY LEVEL:		CACC/IRB REFERRAL:

