

Request for Information from Institutional Research, University of Arkansas
Institutional Research
125 ADMN
University of Arkansas
Fayetteville, AR 72701
479-575-5252 FAX 479-575-6766

E-mail oir1@uark.edu Web-site www.uark.edu/admin/uadata

Name _____ E-mail address _____

Mailing Address _____ Zip code _____

Phone Number 1) _____ Phone Number 2) _____

UA Department _____

Committee Chair _____ Chair's E-mail address _____

Chair's telephone _____

Committee Members:

Name	E-mail	Telephone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date data needed by _____

I have read IR's requirements for using the survey data and/or student data from the UA Data Warehouse that IR has compiled for me. By signing this form, I agree that I am now responsible for any use of the data and will not use the data in a manner that may lead to student information being inappropriately released.

UA Employee _____ Date _____

UA Graduate Student _____ Date _____

The University of Arkansas Institutional Review Board for human subjects has reviewed the above application for use of student information. The researchers have filed the appropriate forms with IRB and have been approved.

IRB Chair _____ Date _____

Please note that it is inappropriate to identify and/or contact a student based on any information compiled by one of the surveys administered by IR or from the UA Data Warehouse that was provided by IR.