



## EXTERNAL DATA REQUEST

PRINCIPAL INVESTIGATOR / PROJECT DIRECTOR		
Prefix:	First Name:	Last Name:
Title / Department:		
Institution:		
Street Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:

RESEARCH PROJECT INFORMATION	
Title of Research Project:	
Project Start Date:	Duration:
Research Design:	
Data Requested:	
Rationale and purpose(s) for which the requested data will be used:	
Has the project been reviewed and approved by the institution's Internal Review Board (IRB)? (Attach a copy of the IRB approval notice)	YES: <input type="checkbox"/> NO: <input type="checkbox"/>

**ACCESS TO REQUESTED DATA**

List all individuals that will have access to the requested data (attach additional pages as necessary).

	<i>NAME</i>	<i>TITLE</i>	<i>INSTITUTION</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**DATA REQUESTS MADE TO OTHER INSTITUTIONS**

List all other institutions from which data has been requested for this research project.  
(attach additional pages as necessary)

	<i>INSTITUTION</i>
1.	
2.	
3.	
4.	
5.	

**ACKNOWLEDGEMENT OF PRINCIPAL INVESTIGATOR RESPONSIBILITIES**

As Principal Investigator, I agree that:

- Any additions to or changes in the research protocol will be submitted to Craven Community College’s Office of Institutional Research (IE) for prior written approval.
- Any issues associated with the use of the requested data will be reported to IE.
- I am responsible for safeguarding the requested data and all work products derived from this data for the duration of the project.
- I will permanently safeguard or securely dispose of all requested data once the project is completed.

<i>PRINCIPAL INVESTIGATOR SIGNATURE</i>	<i>DATE:</i>