

## OFFICE OF INSTITUTIONAL RESEARCH

## Request for Information or Project

Project Title:		
Department/Division	/Commit	tee:
Person Requesting In	formation	1:
NWACC Employee:	☐ Yes	□ No
Project Description: (be v	ery specific)	
Please explain how you in gained?	tend to use	the information? For example, as a result of this activity, what will you have
If the project needs to be o	completed b	by a specific time period, what is the month and date?
Please allow at least 10 worki reporting deadlines will be gi	ng days to re ven priority.	ceive your data. A longer time period may be required because federal and state
Signature		Date

If the information is to be used outside the institution to complete such activities as graduate course requirements, agency research, or research for other institutions, a FERPA Disclosure Agreement must be completed and attached to this request.

To be completed by Off	fice of Instit	tutional Research		
Approved by			Date	
Source of information:				
Process:				
Completed by:			Completion D	ate
		Date:		
☐ Phone call		☐Inter-office mail		Hand delivery