



REQUEST FOR THE RELEASE OF STUDENT DATA

DATE OF REQUEST: _____ DATA NEEDED BY: _____

Please mark one: On-Campus Off-Campus

Requestor Name: _____ E-Mail Address: _____

Position/Title: _____ Phone: _____

Department Name: _____

Mailing Address (if off campus):

Responsible Party for requested data: Requestor Other _____

For additional information contact: Requestor Other _____

How this data will be used:

Provide a Terminal Date this data will be destroyed: _____

Term/Year Requested (Fall, Spring, Summer I or II): _____

Information being requested: (Name, PID, Class, Major, Course(s), Term(s), etc.) **Please be specific:**

In what sort order should the data be presented on the report: (Alpha by Last Name, By PID, etc.)

Where should we send the output? (Email Address or Mailing Address):

Have we provided this report before? If so, please include 'R number' or date (the R number is part of the report's file name).

REQUEST FOR THE RELEASE OF STUDENT DATA (continued)

Conditions for Use of Student Information:

1. Student data may not be reproduced, either electronically or manually, without the express written consent of the University Registrar or the Registrar's designated proxy.
2. Individual student data may not be retained, archived, or electronically stored. Data that identifies a specific student or students must be destroyed by the Terminal Date listed above, or within 30 calendar days of receiving the requested data from OUR.

I acknowledge that the Office of the University Registrar is not responsible for any subsequent dissemination of data. In accepting this data as requested above, I agree to comply with all UNC- Chapel Hill regulations governing access and release of student information. If I use this information for research, I will comply with the policies of the Institutional Review Board as outlined in the Handbook for Investigators: For the protection of Human Subjects in Research.

Signature of Requestor: _____

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CONTACT INFORMATION OF SUPERVISOR OR DEPT HEAD (PLEASE PRINT):

NAME: _____

PHONE: _____ **EMAIL:** _____

DATE: _____

NOTE – SIGNATURE IS REQUIRED

SIGNATURE OF SUPERVISOR OR DEPT HEAD:

<p>Requests may be submitted by mail to:</p> <p>Office of the University Registrar Attn: OUR Reporting 3100 SASB North, CB# 2100 Chapel Hill NC 27599-2100</p> <p>Or via fax to: (919) 962-1655 Or via email: academicdata@unc.edu</p>
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