

## Academic Data Request Form

**Note:** All fields marked with \* are mandatory. Please ensure information is accurate. Data will be handled confidentially in accordance with institutional privacy policies.

**Full Name \***

**Institutional Email \***

**Role \***

**Department / Program \***

**Type of Data Requested \***

**Purpose of Data Request \***

**Date Range of Data**

**How will the data be used?**

**Preferred Data Format**

☐

**I acknowledge that I will comply with the institution's data privacy policy. \***

Submit Request