



Date of Request _____ Department _____

Name of Requestor _____

Request Needed By _____

Faculty _____ Staff _____ Other _____

Describe request in detail (e.g., survey description, semesters desired, specific locations, etc.)

What is the institutional / instruction / education purpose of this request?

How will the information be used?

Will the information / research be published and if so, where?

How will the confidentiality and security of the information be assured?

Office of Institutional Research Use Only		
Date Received _____	Date Completed _____	Completed By _____

Please allow our office a two week time turn around for all requests.

All requests should be e-mailed or faxed to: cdavis@bpc.edu or (912) 583-4498