Teachers for a New Era Project at the University of Connecticut

Request for Data
Complete the form below and submit to TNE, Unit 2064
This form must be signed by a UConn faculty member for processing.

Name: ____________________________
E-mail: ____________________________ Phone: ____________________________
Department: ____________________________

1. Please provide a clear description of the information being requested (continue on back if necessary):

________________________________________________________________________
________________________________________________________________________

2a. Should this information be considered confidential?  □ Yes  □ No
2b. Is this information anonymous?  □ Yes (Please continue to 2c)  □ No (skip to question 3)
2c. Reason for Requested information (proof of IRB approval must be attached to this form):

________________________________________________________________________
________________________________________________________________________

3. Date request submitted: ____________________________
4. Date information needed (please allow at least two weeks for retrieval and formatting): ____________________________

5. Signature: ____________________________

For TNE office use:
Request Granted:  □ Yes  □ No
If ‘No’, reason given: ____________________________

Approved by (sign): ____________________________

Completed Date: ____________________________  Sent Date: ____________________________