

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: _____