UMBC

AN HONORS UNIVERSITY IN MARYLAND

I	**STUDENT DATA REQUEST INSTRUCTIONS** Office of the Registrar, 1000 Hilltop Circle

Outlined below are instructions for requesting student data. Please note: **Requests for aggregate data regarding student enrollment** should be directed to the Office of Institutional Research (OIR).

♦ **Submission of Data Request**

External requests for student data must be directed to: Data Request, UMBC, Office of the Registrar, 1000 Hilltop Circle, Baltimore, MD 21250. Fax: 410-455-1141. Internal requests must be made via RT ticket. Requests should be submitted at least **2 weeks in advance.** Request must include:

- Completed Student Data Request Form

- Signed Student Data Access and Compliance Form

- Copies of any correspondences that will be sent to students i.e. letters, flyers, surveys, etc., if names and addresses are being requested

♦ **Review of Data Request**

All data requests will be reviewed by the Registrar's Office for compliance with state, federal, and university laws regarding proper use of student data. Data requested for the purposes of surveying students must be reviewed by the University's Campus Assessment Coordinating Committee (CACC) and Institutional Research Board (IRB) prior to data request submission. Review and approval of data requests may also involve other departments. Upon final approval, requests will be submitted for fulfillment.

♦ **Fulfillment of Data Request**

Generally, request will be fulfilled within **10 working days** *after final approval.* During peak periods i.e. start of semester, schedule adjustment, advanced registration, and finals, **please allow 3-4 weeks for fulfillment.**

Output options for data are electronic files.

II	**STUDENT DATA ACCESS AND COMPLIANCE FORM**

PURPOSE:

By signing this form you certify you are a user of Student Records data and that you agree to abide by the state and federal laws and University policies that apply to the proper use of data. For more information, please refer to Appendix VII of the Undergraduate Catalog at http://www.umbc.edu/UnderGrad/Catalog/ for a full explanation of the University's Disclosure of Student Records Procedure.

RESPONSIBILITES:

This data is a **one-time request** for the single purpose as noted in the attached request form. This data **should not** be released to third parties. As a user of Student Record data, you are responsible for:

- Storing under secure conditions all data that you obtain
- Making every reasonable effort to interpret data accurately
- Properly destroying all student data when finished using it
- Maintaining privacy of the data including knowing what constitutes "directory" or public information and observing the student's right to withhold this information.

CERTIFICATION:

By signing below, I understand my obligations as a responsible user of the data to which I have been granted access.

NAME (PRINT):	
SIGNATURE*:	
DEPARTMENT/ AFFILIATION:	
DATE:	

*Note: If you are a student representing a student organization, a faculty/university representative must also sign the request.

III	STUDENT DATA REQUEST FORM

I. REQUESTOR INFORMATION
(Please print clearly.)

<table>
<tr><td rowspan="4">Section I</td><td>Date:</td><td colspan="2">Data Needed By Date*:</td><td></td><td></td></tr>
<tr><td>Name:
<i>(Print)</i></td><td colspan="2"></td><td>Building:</td><td>Room Number:</td></tr>
<tr><td>Department/Office:</td><td colspan="2"></td><td colspan="2">Phone:</td></tr>
<tr><td>Email:
<i>(Print)</i></td><td colspan="2"></td><td colspan="2"></td></tr>
</table>

II. DESCRIPTION OF REQUEST
Please provide a brief description of the data you are requesting.

<table>
<tr><td rowspan="9">Section II</td><td></td></tr>
<tr><td></td></tr>
<tr><td></td></tr>
<tr><td></td></tr>
<tr><td></td></tr>
<tr><td></td></tr>
<tr><td>Have you requested this information in the past?: Yes ☐ No ☐</td></tr>
<tr><td>   If so, please include any identifying information you may have:</td></tr>
<tr><td></td></tr>
</table>

III. PURPOSE OF REQUEST
Please indicate below the intended use of this data. If this data will be used to correspond with students, you must submit a copy of the proposed communication before the data request will be completed.

<table>
<tr><td rowspan="9">Section III</td><td></td></tr>
<tr><td></td></tr>
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<tr><td></td></tr>
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<tr><td></td></tr>
<tr><td></td></tr>
</table>

IV. CRITERIA
Indicate the criteria to be used in selecting the data..

<table>
<tr><td rowspan="18">Section IV</td><td colspan="2">**Academic Career**</td><td>**Major Description**</td><td>**Academic Level**</td><td>**Ethnicity Description**</td></tr>
<tr><td>☐</td><td>Undergraduate</td><td>1.</td><td>☐ Freshmen</td><td>☐ American Indian</td></tr>
<tr><td>☐</td><td>Graduate</td><td>2.</td><td>☐ Sophomore</td><td>☐ Black</td></tr>
<tr><td>☐</td><td>Degree</td><td>3.</td><td>☐ Junior</td><td>☐ Asian</td></tr>
<tr><td>☐</td><td>Non-Degree</td><td>4.</td><td>☐ Senior</td><td>☐ Hispanic</td></tr>
<tr><td></td><td></td><td>5.</td><td></td><td>☐ Caucasian</td></tr>
<tr><td colspan="2">**Admit Type**</td><td>**GPA (Specify)**</td><td>**Credits (Specify)**</td><td>**Other (Specify)**</td></tr>
<tr><td>☐</td><td>Freshmen</td><td>1.</td><td>1.</td><td>1.</td></tr>
<tr><td>☐</td><td>Transfer</td><td>2.</td><td>2.</td><td>2.</td></tr>
<tr><td></td><td></td><td>3.</td><td>3.</td><td>3.</td></tr>
<tr><td></td><td></td><td>4.</td><td>4.</td><td>4.</td></tr>
<tr><td></td><td></td><td>5.</td><td>5.</td><td>5.</td></tr>
<tr><td colspan="5">Notes:</td></tr>
<tr><td colspan="5"></td></tr>
</table>

V. REQUESTED DATA ELEMENTS
Please indicate the data elements to be included in the report.

<table>
<tr><td rowspan="6">Section V</td><td>☐ Campus ID</td><td>☐ Major</td><td>☐ Academic Level
(Freshmen, Sophomore, etc.)</td><td>☐ Gender</td></tr>
<tr><td>Transfer Credits</td><td>☐ Minor</td><td>☐ Current Term Credits</td><td>☐ Admit Status
(Freshman or Transfer)</td></tr>
<tr><td>☐ First/Last Name</td><td>☐ Prior TermGPA</td><td>☐ Cumulative Credits</td><td></td></tr>
<tr><td>☐ Permanent Address</td><td>☐ Cumulative GPA</td><td>☐ Ethnicity</td><td>Other (List below):</td></tr>
<tr><td>☐ Email</td><td></td><td></td><td></td></tr>
<tr><td colspan="4"></td></tr>
</table>

*Requests for SSN's will require review and verification by Office of the Registrar staff.

VI. SORT ORDER:
Please indicate preferred sorting of data. If multiple sorting is required, please indicate sorting priority by number. (i.e. 1=first, 2=second level sorting)

<table>
<tr><td rowspan="4">Section VI</td><td>☐ Alpha (last name)</td><td>☐ GPA</td></tr>
<tr><td>Major</td><td></td></tr>
<tr><td>☐ Academic Level</td><td></td></tr>
<tr><td>☐ Other: _____</td><td></td></tr>
</table>

VII. OUTPUT:
Please indicate your preferred output method.

Section VII	☐ Excel ☐ Comma Separated Value (CSV)

*Request should be completed within ten working days from time of approval. Additional permission may be required by Campus Assessment Coordinating Committee (CACC) or Institutional Research Board (IRB). During peak periods, i.e. start of classes, schedule adjustment period, and finals, requests could take from three to four weeks.