	State of Delaware Department of Correction Data Request Form	n		
Date:			Date Needed By:	
Name:				
Agency/Institution:				
Job Title:				
Address:				
City, State, Zip				
Email Address:				
Phone:				
Title of Project:				
Requested Data: Please clearly indicate the specific data elements needed for the analysis in a list format in the box provided below.				
4				

Time Span: Please			
indicate the time			
frame needed in the			
box below. For			
example, data			
collected from July 1,			
2012 until June 30,			
2012 until suite 36, 2013.			
2013.	<u> </u>		
<b>Purpose of Request:</b>			
Please specify			
hypotheses or goals			
for the analysis.			
•			
7			
Intent of Request:			
Please check all that			
may apply.	□ Policy:	Cront Application	
Required	☐ Policy	☐ Grant Application	
Reporting	□ A 1''		
☐ Contract	☐ Audit	□ News/Press	
_		Release	
☐ Educational	☐ Public Presentation	☐ FOIA	
Project			
Type of Data	□Primary □Secondary		
Analysis:	☐Descriptive Reporting		
Statistical			
Methodology (if			
applicable): Outline			
the statistical			
methodology that will be used to analyze the			
THE IISECTIO ANALYZE INC.			

State of Delaware Department of Correction 245 McKee Road Dover, DE 19904 Telephone: (302) 739-5601

data. Remember to			
include the			
appropriate statistical			
power needed to			
attain a significant			
model as well as the			
number of cases (n)			
needed to achieve			
this power.			
1			
Presentation of			
Analysis: Please			
check all that may			
apply.			
☐ Journal Publication	☐News/Press Publication	☐ Public	
		Presentation	
☐ Thesis/Dissertation	☐Technical Report		
<b>Project End Date:</b>			
<b>Funding Source:</b>			
IRB Approval Date			
(if applicable):			
Is this a reoccurring	□Yes □No		
request?			
If yes, during what			
term is this request			
usually made?			
usuany maue.			
Additional			
<b>Information:</b> Please			
provide any pertinent			
information that is			
not already captured			
by the above			
questions.			

Delaware Department of Correction must be able to review analytical findings, use of data, publications, reports, or any other type of		
presentation prior to public review. By		
agreeing to this statement, I agree		
that the analysis and findings will be		
submitted to the DOC for review and		
approval on the		
projected date (stated below).		
I agree with these		
terms: □Yes □No		
Projected Date for DOC Review:		
For DOC Administrative Use		
Only		
Was the request	□Approved	
approved/disapprov ed?	□Disapproved □Adjusted	
If disapproved, reason:		

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