



**State of Delaware
Department of Correction
Data Request Form**

Date:	<input type="text"/>	Date Needed By:	<input type="text"/>
Name:	<input type="text"/>		
Agency/Institution:	<input type="text"/>		
Job Title:	<input type="text"/>		
Address:	<input type="text"/>		
City, State, Zip	<input type="text"/>		
Email Address:	<input type="text"/>		
Phone:	<input type="text"/>		
Title of Project:	<input type="text"/>		

Requested Data: Please clearly indicate the specific data elements needed for the analysis in a list format in the box provided below.

Time Span: Please indicate the time frame needed in the box below. For example, data collected from July 1, 2012 until June 30, 2013.

Purpose of Request: Please specify hypotheses or goals for the analysis.

Intent of Request: Please check all that may apply.

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

- Required Reporting Policy Grant Application
 Contract Audit News/Press Release
 Educational Project Public Presentation FOIA

Type of Data Analysis: Primary Secondary Descriptive Reporting

Statistical Methodology (if applicable): Outline the statistical methodology that will be used to analyze the 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.

Presentation of Analysis: Please check all that may apply.

- Journal Publication News/Press Publication Public Presentation
 Thesis/Dissertation Technical Report

Project End Date:

Funding Source:

IRB Approval Date (if applicable):

Is this a reoccurring request?

- Yes No

If yes, during what term is this request usually made?

Additional Information: 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 Disapproved Adjusted

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approved/disapproved?
If disapproved, reason: