

Student Data Request Form

Important Instructions

Outlined below are instructions for requesting student data. Please read carefully before completing this form for student data. If you have questions about this form, please contact Pamela Hawley, University Registrar, at mccinnis@umbc.edu.

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: Registrar's Office - Data Request
 University of Maryland, Baltimore County
 1000 Hilltop Circle
 Baltimore, MD 21250.

Internal Requests: Attach and Submit Form via RT Ticket from Data Request page

Requests must include the following:

- ✓ 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
- ✓ Institutional Research Board Review Approval # if required

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 [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. Fulfilled requests will be sent to the requester by email.



AN HONORS UNIVERSITY IN MARYLAND

Registrar's Office
University of Maryland Baltimore County
Sherman Hall, 2nd Floor (B-Wing)
1000 Hilltop Circle
Baltimore, MD 21250

Please complete this form in its entirety. Incomplete forms will not be processed and will be returned to the requester. UMBC students are required to obtain a signature from their supporting faculty/staff member.

Section I: Requester Information
Table with fields: Today's Date, Proposed Deadline, Your Affiliation with the University (Staff/Faculty, Student, No Affiliation), IRB Approval #, Last Name, First Name, Middle Initial, Campus ID, Department/Office Name, Office Phone Number, Email Address.

Section II: 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.

Section III: Description of Request
Please provide a brief description of the data you are requesting.
Have you requested this information in the past? [] Yes [] No
If Yes, provide name of the file or RT Ticket #:



AN HONORS UNIVERSITY IN MARYLAND

Registrar's Office
 University of Maryland Baltimore County
 Sherman Hall, 2nd Floor (B-Wing)
 1000 Hilltop Circle
 Baltimore, MD 21250

Section IV: Selection Criteria

Please indicate the criteria to be used in selecting the data.

Term	From	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year		Academic Career	<input type="checkbox"/> Undergraduate
	To	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year			<input type="checkbox"/> Graduate

Academic Level	Academic Program
-----------------------	-------------------------

<input type="checkbox"/> Freshmen	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Non-Degree Seeking
<input type="checkbox"/> Senior	<input type="checkbox"/> Post-Baccalaureate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Degree Seeking

Ethnicity	<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Caucasian
------------------	--	--------------------------------	--------------------------------	-----------------------------------	------------------------------------

Admit Type	<input type="checkbox"/> Freshmen – First Year	<input type="checkbox"/> Transfer – 2 Year	<input type="checkbox"/> Transfer – 4 Year
-------------------	--	--	--

Enrollment Status	<input type="checkbox"/> Full Time	<input type="checkbox"/> Half Time	<input type="checkbox"/> Quarter Time
--------------------------	------------------------------------	------------------------------------	---------------------------------------

GPA Information (Please specify)	Other (Please specify)
---	-------------------------------

<p>Selection Criteria Notes Use this place to further specify your selection criteria</p>	
---	--

Section V: Requested Data Elements

Please indicate the data element(s) to be included in the report.

<input type="checkbox"/> Campus ID	<input type="checkbox"/> Major	<input type="checkbox"/> Minor	<input type="checkbox"/> Academic Level	<input type="checkbox"/> Admit Status
<input type="checkbox"/> Current Term Credits	<input type="checkbox"/> Cumulative GPA	<input type="checkbox"/> Prior Term GPA	<input type="checkbox"/> Cumulative Credits	<input type="checkbox"/> Transfer Credit
<input type="checkbox"/> First/Last Name	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Perm. Address	<input type="checkbox"/> Email Address	<input type="checkbox"/> Other (please specify)

If Other, Please Explain	
---------------------------------	--

Section VI: Sort Order & Output Method

Please indicate the preferred sort order and output method for the data. If multiple sorting is required, please indicate the sorting priority, with "1" being the first level of sorting.

Data Element	Sort	Data Element	Sort	Data Element	Sort	Data Element	Sort
<input type="checkbox"/> Last Name		<input type="checkbox"/> Major		<input type="checkbox"/> Minor		<input type="checkbox"/> Academic Level	
<input type="checkbox"/> Admit Status		<input type="checkbox"/> Curr. Term Credits		<input type="checkbox"/> Cumulative GPA		<input type="checkbox"/> Prior Term GPA	
<input type="checkbox"/> Cum. Credits		<input type="checkbox"/> Ethnicity		<input type="checkbox"/> Other (Please specify)			

Data Request File Format

Microsoft Excel (xlsx)		Comma Separated Value (csv)		
------------------------	--	-----------------------------	--	--

Section VII: Certification

Student Privacy: 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 the [Disclosure of Student Records](#) page on the Registrar's Office website for the full explanation of the University's Disclosure of Student Records Procedure.

Responsibilities: This data is a **one-time request** for the single purpose as noted in the 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
- ✓ Taking 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.

By signing below, I understand my obligations as a responsible user of the data to which I have been granted access. A faculty or university representative's signature is required if you are a student.

Requester's Name (Print)	Requester's Signature	Today's Date
Faculty's/University Representative's Name (Print)	Faculty's/University Representative's Signature	Today's Date

For Registrar's Office Use Only

Date Received		Date Completed		Completed By	
Priority Level		IRB Referral	<input type="checkbox"/> Yes <input type="checkbox"/> No		