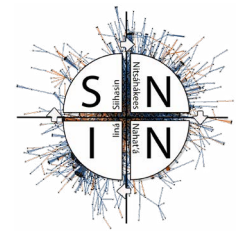




Data Collection Access for Research

Request and Usage Form
Diné College – Institutional Planning & Reporting
Tsaile, Arizona 86556



This Form Must be Completed for EACH collection Access and Examined

Full Name: _____

Phone: _____ Email: _____

Institution Affiliation: _____

Requester's Address: _____

Data Request Range From: _____ To: _____

Purpose of Request and Research:

The request will be provided within the time range indicated on this request form for research purposes to the above listed person(s), partnership, company, association, or corporation (hereafter referred to as "Researcher"). Should the institution not have access to the data being requested within the time range, this request will be denied due to data not having been collected or captured. The Researcher shall understand and acknowledge the terms and conditions numerated herein prior to this form being submitted.

1. Data is granted on the conditions to which the institution possesses such data on file.
2. Request for student's personal identification data (such as social security, names, census, or contact information) will be denied to protect the rights of privacy of the student. Unless Researcher completes a Memorandum of Agreement (MOA) form approved and accepted by the Office of the President.
3. Data granted by the Researcher shall not be used in any negative form or method against the institution, Diné College.
4. Prior to arrival, the Researcher will immediately acknowledge the conditions and requirement of access to resources by signing and returning a copy of this agreement. A copy is to be retained by the Researcher and by the Vice President of Student Success of Diné College.
5. The Researcher will exercise due care in the custody, handing, transport, unpacking and repacking of records and/or data collecting materials to be returned to the institution in its formal state.
6. Changes made to the content, identification, and/or condition of the collection materials will not be made.
7. The Collection material(s) is(are) to be returned to the institution by the ending date of the access period.

The Researcher acknowledge that he/she has full authority to execute this agreement, which he/she has read and understands the conditions of access as outlined on this form and any other attached document(s).

SIGNATURE OF AUTHORIZED RESEARCHER TITLE DATE

SIGNATURE OF VICE PRESIDENT OF STUDENT SERVICES TITLE DATE