



Hawai'i Data eXchange Partnership Data Request Form

Once received and reviewed, your request will be submitted to the DXP Data Governance & Access committee for approval. We will contact you if we have any questions regarding your request.

A. REQUESTOR INFORMATION

Date: _____

Requestor Name: _____

Position Title: _____

Organization: _____

Department/Unit: _____ Phone: _____

Email Address: _____ Cell: _____

B. PURPOSE / DETAILS OF REQUEST

1. Project Name: _____

My request is related to a previous data request (Hawai'i DXP Project ID# _____).
Please indicate/explain, below or in the following sections, the changes from that data request:

2. I am requesting:

- Aggregate data
- De-identified, individual-level data

Even if provided with individual-level data, your findings/results must be presented in aggregate format with small cell sizes suppressed (i.e., < 10 for education data, < 5 for workforce data).

3. I am using the data for:

- Program evaluation
- Government reporting (e.g., compliance reporting)
- Other (e.g., study, grant application) _____

4. I have Institutional Review Board (IRB) approval:

- No
- Yes. Committee on Human Studies #: _____
IRB Approval Date: _____
Principal Investigator's Name: _____

Note: You may be required to have IRB approval before your data request will be considered. For information on the IRB process and UH Human Studies Program, go to: www.hawaii.edu/researchcompliance/human-studies

5. Purpose of my data request (e.g., the research question(s) I am trying to answer, which Hawai'i DXP research and policy questions my questions align with (www.hawaiidxp.org/research/questions), how the data will be used):



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6. Sectors/organization(s) I am requesting data from:

Sector	Organization/Unit
K-12	<input type="checkbox"/> Hawaii State Department of Education (DOE)
Postsecondary	<input type="checkbox"/> University of Hawai'i (UH) System, All 10 Campuses <input type="checkbox"/> UH Manoa <input type="checkbox"/> UH Hilo <input type="checkbox"/> UH West O'ahu <input type="checkbox"/> UH Community Colleges (7 Campuses) <input type="checkbox"/> Hawai'i CC <input type="checkbox"/> Honolulu CC <input type="checkbox"/> Kapi'olani CC <input type="checkbox"/> Kaua'i CC <input type="checkbox"/> Leeward CC <input type="checkbox"/> Maui College <input type="checkbox"/> Windward CC
Workforce	<input type="checkbox"/> Department of Labor & Industrial Relations (DLIR)

7. Subjects or base populations I am interested in:

8. Data categories or elements (e.g., specific demographics and associated time periods such as date ranges, semesters, school years, graduating classes) I am requesting: (Attach a separate sheet if necessary)

Data Categories / Elements	Time Period(s)

To help us understand how you would like the data provided, please attach a reporting template if you have one.



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9. Date I'd like to receive the data: _____

Please provide Hawai'i DXP with notice of at least 15-20 working days. Every effort will be made to meet your requested date; we will contact you as soon as possible if your requested date cannot be met. Please note that non-standard requests may require additional lead time.

10. My project timeline:

Expected completion date of my project: _____

If this is for government reporting:

Audit period: _____

If this is for a grant - termination date of grant: _____

Federal privacy and confidentiality statutes and Hawai'i DXP require you to destroy data after project completion or the associated audit period if applicable, and certify destruction. All projects are subject to audit/periodic review.

11. I intend to make my data findings/results publicly available:

No

Yes (list and describe all the ways in which they will be made publicly available below)

Where or to who (e.g., presentation at a conference, journal, website, to a grantor, to an accreditor) and associated dates:

If you are being provided with individual-level data, Hawai'i DXP requires you to submit a copy of your product for review and comment 10 business days before it is shared with a party other than those listed as having access to the data, per the "User Access to Data" section of this form.

12. Additional notes:



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C. MANAGEMENT OF DATA

Only for requests for individual-level data.

Electronic Data Handling: Transmission, Access, Protection, Destruction

1. The data should be transferred to me via:

- UH Filedrop
- Secure File Transfer Protocol (SFTP)
- Other (please specify): _____

2. Once received and for the duration of my project, the data/file(s) will be stored (check all that apply):

- On a server/computer at my organization
- On a personal server/computer
- On a mobile storage device
- Other (please specify): _____

3. I will be using the following protection mechanism(s) to secure the data/file(s) (check all that apply):

- Password-protected file
- Encrypted file
- Secured access via authenticated accounts and passwords
- Computer and/or mobile storage media is kept in a locked, secured area only accessible by a small number of people
- Other (please specify): _____

4. The data/file(s) will be destroyed after my project completion date via the following method(s) (check all that apply):

- Secure erase utility and/or process
- Degaussing the device
- Secure physical destruction of the device
- Other (please specify): _____

Go to www.hawaii.edu/askus/706 for more information on securely deleting electronic information.

Paper Data Handling: Access, Protection, Destruction

1. Once received and if any data is printed, I will use the following method(s) to store and protect the paper documents:

- Locked file cabinet in a secured location
- Locked file cabinet in a shared office space (such as a departmental office area)
- Stored in a secured location (e.g., paper documents are not in a locked file cabinet)
- Other (please specify): _____
- Not applicable. There are no printed copies.

2. Once received and if any data is printed, the paper documents will be destroyed after my project completion date via the following method(s) (check all that apply):

- Shredded using a cross-cut shredder or via a professional disposal service, in accordance with UH Executive Policy EP 2.214 (www.hawaii.edu/policy/?action=viewPolicy&policySection=ep&policyChapter=2&policyNumber=214)
- Other (please specify): _____
- Not applicable. There are no printed copies.



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D. USER ACCESS TO DATA

Only for requests for individual-level data.

All individuals who will have access to the data received from Hawai'i DXP, including access to any servers where the data will reside, as well as any electronic and paper files, shall understand and acknowledge the requirement to protect individual privacy and confidentiality, as evidenced in part by the completion of certain training modules and the signing of the Hawai'i DXP Confidentiality & Security Agreement (Agreement) indicated in the table below, as appropriate.

I certify that access to the data shall not be given to anyone other than the individuals listed below. I have also attached their signed Agreements, and certificates of training completion as appropriate.

Name	Position Title	Organization	Email	Phone	Date Completed / Signed			
					Hawai'i DXP Confidentiality & Security Agreement ¹	USDOE PTAC's FERPA Training ²	Other Training (please specify)	CITI Training ³

¹ The Hawai'i DXP Confidentiality & Security Agreement is available at: www.hawaiidxp.org/files/HawaiiDXP_Confidentiality_Agreement.pdf

² The following modules must be completed: 1) FERPA 101 For Local Education Agencies, and 2) FERPA 101 For Colleges & Universities. To take this training: <http://ptac.ed.gov>

³ **Required for IRB-approved projects only.** The following modules must be completed: 1) Human Subjects Research – Social-Behavioral-Educational (SBE) Basic, and 2) Information Privacy & Security – Information Security. To take this training, go to: www.citiprogram.org



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E. REQUESTOR'S CERTIFICATION

- The data entrusted to me will be used only for the purpose stated on this data request form and will not be disclosed to any party other than the individuals listed in the "User Access to Data" section of this form.
- I will ensure that, on an ongoing basis, the names of all individuals who have access to the data entrusted to me will be reported to Hawai'i DXP, with their signed Hawai'i DXP Confidentiality & Security Agreement and certificates of completion of privacy and confidentiality training as appropriate.
- I will submit an updated data request form should the information provided in this request change (e.g., change in project scope, request for more data elements, request for additional years of data), and a request for project extension if needed.
- I will report any misuse of data, as defined by the Hawai'i DXP Data Governance Policy (see "Misuse of Data from DXP" section in the following link, www.hawaiidxp.org/files/HawaiiDXP_Data_Governance_Policy.pdf), to Hawai'i DXP immediately.
- I understand that if I am found responsible for a violation of any of the conditions of this form, or for misuse of data pursuant to the Hawai'i DXP Data Governance Policy, my actions may result in, at a minimum, being denied access to any data from Hawai'i DXP for a period of five years.

On behalf of myself and/or the organization I represent, I certify that the information provided in this Hawai'i DXP Request Form is true and correct.

Requestor's Signature

Date

F. SUPERVISOR'S / ADVISOR'S CERTIFICATION

Must be completed for all data requests. If requesting data for government reporting, the supervisor/advisor must be the individual ultimately responsible for ensuring secure maintenance of data and subsequent data destruction in alignment with data retention requirements:

- For HODOE: Data Governance & Analysis Branch Director
- For UH: campus executive data steward(s) of the data involved
- For DLIR: division administrator

Name: _____

Position Title: _____

Signature

Date

If you have any questions about this form, or are ready to submit it, please email us at: hawaiidxp-requests@lists.hawaii.edu