



Hawai'i Data eXchange Partnership Data Request - Project Extension Form

A. REQUESTOR INFORMATION

Date: _____

Requestor Name: _____

Position Title: _____

Organization: _____

Department/Unit: _____ Phone: _____

Email Address: _____ Cell: _____

B. PROJECT EXTENSION INFORMATION

Hawai'i DXP Project ID#: _____

Original Project Completion Date: _____

New Completion Date Requested: _____

I am requesting an extension to my original project completion date for the following reason(s):

Requestor's Signature

C. SUPERVISOR'S / ADVISOR'S CERTIFICATION

Must be completed for all requests. If data was requested 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

Email your completed Project Extension Form to: hawaiidxp-requests@lists.hawaii.edu