



**Parkland College  
Office of Institutional Accountability and Research  
Data Request Form**

**Please submit via email by clicking the button in the upper right hand corner.  
Questions: call ext. 2239 USE FIREFOX OR INTERNET EXPLORER TO FILL AND SUBMIT!**

**PLEASE NOTE: "User canceled operation" may appear when submitting this form via email. THIS MESSAGE CAN BE IGNORED.**

Requestor: \_\_\_\_\_ Date Submitted: \_\_\_ / \_\_\_ / \_\_\_

Office/Department: \_\_\_\_\_ Date Needed: \_\_\_ / \_\_\_ / \_\_\_  
Please allow two week minimum

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Room #: \_\_\_\_\_

Purpose of Request:

Accreditation Report

Government Survey/Reporting Requirements -

Agency & program: \_\_\_\_\_

Grant Report

Department Meeting: \_\_\_ / \_\_\_ / \_\_\_

Board of Trustees Meeting: \_\_\_ / \_\_\_ / \_\_\_

Support Assessment

Academic Assessment

General Information

Other \_\_\_\_\_

Description of Request: (If this is based on an earlier data request, please provide reference to that request and/or report.)

<b>Office Use Only:</b>	Assigned to: _____
	Added to Tracker: _____ / _____ / _____