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.)