



Parkland College
Office of Institutional Accountability and Research
Data Request Form

Questions: call ext. 2239

Download this form and submit it to DataRequest@Parkland.edu.

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.)

Office Use Only:

Assigned to: _____

Added to Tracker: ____ / ____ / ____