

# DATA REQUEST FORM

Office of Institutional Effectiveness  
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Date:

Name:

Department:

Phone:

E-mail:

Description of data needed:

Purpose of the request:

## PLEASE NOTE:

**Please ensure all planned research projects within the University and by University employees involving Human Subjects be approved by the Institutional Review Board (IRB) prior to implementation. Please allow a minimum of 5 business days to complete your data request.**

**Data request delivery dates may vary depending on the complexity of the project.**

Date needed by:

Preferred mode of output  
(Excel, Word, Text File,  
etc.):