

DATA REQUEST FORM

Completed form must be emailed to are@cnmipss.org



The data you are looking for may already be available on the CNMI Public School System website. Please visit www.cnmipss.org for any data available prior to submitting this request. Data will only be provided from the Office of Accountability, Research and Evaluation and/or the office of which data is being requested.

Requestor's Name:	Department/Company:
Requestor's Affiliation: <input type="checkbox"/> PSS Staff <input type="checkbox"/> BOE <input type="checkbox"/> Parent <input type="checkbox"/> Business/Community <input type="checkbox"/> Other: _____	
Phone:	Email:
Date Submitted:	

Data Request Details (*Please use specific field names when known*):

Purpose: Research Operational Compliance/Regulatory Other: _____

Type: Teacher/Administrator Data Student Data* Financial Data Other: _____

Description: _____

Reason for the Data Request and How Data will be used (*Please describe and be specific*):

Description: _____

Time Period for Data:
From: _____ To: _____

Reporting/Publication Details (*Please select any that apply*):

This is an informal information request; the information will not result in a report or be shared with the public.

I will generate a report based on these data.

I will publish or share these data with the public.

Special Considerations/Notes Regarding Your Data Request (*Optional*):

Office use only:

Data Request is <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	_____
Office of Accountability, Research & Evaluation	Commissioner of Education
Date: _____	Date: _____

*Student data are only available in aggregate and/or de-identified formats. Pursuant to FERPA, no personally-identifiable information will be released to external parties with prior parental consent except when subject to formal agreements where all parties are legally bound to the terms of a data disclosure agreement.

By submitting this request for data, upon approval of request, the requestor agrees to destroy all data in compliance with 34 CFR Section 99.35(b)(2), whether electronic or hard copy, within 10 days of receipt and provide verification by submission of the PSS Data Destruction Assurance Form.