

## **Information Request and Conditions of Use Statement**

The Office of Affirmative Action is pleased to assist departments and individuals by supplying information and data that will support Indiana University's mission. In doing so, it is crucial that the rights and privacy of individual employees and students be protected. For this reason, we request that you complete and sign this form. No information will be released until the signed form has been received by our office.

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### **Information Request**

- 1.) Please describe the information/data you are requesting?
  
  
  
  
  
  
  
  
  
  
- 2.) If you wish for the data to be presented in a specific format, please attach a sample report or diagram how you wish the data to be presented.
  
  
  
  
  
  
  
  
  
  
- 3.) Why are you requesting this information/data?
  
  
  
  
  
  
  
  
  
  
- 4.) Please describe how you intend to use this information/data?
  
  
  
  
  
  
  
  
  
  
- 5.) Who else will use this information/data?
  
  
  
  
  
  
  
  
  
  
- 6.) The date you wish to receive this information/data?

### **Conditions of Use Statement**

I hereby certify that the information I have requested herewith will be used ONLY for the purpose for which it was requested as detailed above. Furthermore, I certify that the information requested will NOT be released to any other individual or office for another purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_