



**Office of Institutional Research and Effectiveness
(OIRE)**

Data Request Form

Please Type or Print

Name: _____

Office/Division: _____

Faculty ___ Staff ___ Student ___ Other (please specify): _____

Phone: _____

E-mail: _____

Description of Request

For Internal Use _____

For External Use _____

Purpose of Request:

Data Request Needed By: _____ *(please allow at least 5-7 business days to complete request)*

Detailed description of Data Needed:



Office of Institutional Research and Effectiveness

Phone: 205.929.1458

mljones@miles.edu

<p>Office Use Only Request: Approved _____ Not Approved _____ Reason: _____ Data Prepared by: _____ Date: _____ Forwarded to person(s) Requested: _____</p>
