

Data Request Form

Date: [Click here to enter a date.](#)

By completing this form, I am making an official request for data under the MN Government Data Practices Act, Minnesota Statute Chapter 13.

Requestor:

- ☐ I am a member of the public seeking information that is classified as public and is not about me.
 - Does not require proof of identity
- ☐ I am the data subject. I am seeking information about myself or that identifies me.
 - Requires proof of identity (See [Identity Verification Guide](#) for qualifying documents)
- ☐ I am the parent or legal guardian of a minor child not attending SCSU, but involved with SCSU in some capacity. I am seeking information about my child.
 - Requires proof of parentage or guardianship (See [Identity Verification Guide](#) for qualifying documents)
- ☐ I am the parent or legal guardian of a minor child attending SCSU. I am seeking information about my child/student.
 - Requires proof of parentage or guardianship (See [Identity Verification Guide](#) for qualifying documents)
 - Requires [Data Release Consent](#) form signed by minor child/student

Request: I understand that, depending on the nature of my request and how I would like to receive the data, charges may apply. (See SCSU's Data Practice Policy & Procedure for details)

- ☐ I would like to set up a time to review/look at the data only.
- ☐ I would like to look at the data first and then decide if I need a copy.
- ☐ I would like to receive a copy of the data.
 - ☐ I prefer electronic (.pdf) copies if available
 - Email address required
 - ☐ I prefer paper copies
 - Mailing address or fax required unless picking up
 - ☐ Other (please specify) _____

Data Requested (please continue on the back of this form if more space is needed): Following is a specific description of the data that I am seeking.

Important Notice: If you are a member of the public seeking public data that is not about yourself, SCSU cannot require you to identify yourself or ask why you are requesting the information. You do not have to fill out the contact section below. You may, however, want to provide contact information so we can respond if your request needs clarification. We will also need contact information if you choose to have copies emailed, faxed, or mailed to you.

Contact Information:

Name: Click here to enter text.

Parent or Guardian Name (if applicable): Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Options to submit this form:

1. Print and present this form to the appropriate [Data Practices Contact](#).
2. Email this form to the appropriate [Data Practices Contact](#).

If you are required to verify your identity, you may either provide the verification documents in person to the Data Practices Contact or you may have a notary verify your identity documents using the [Notary Identity Verification Form](#) and email it to the Data Practices Contact.

If you are unsure who your Data Practices Contact should be, please present/email this form

to: Data Practices Compliance Official: Judith Siminoe, Special Advisor to the President, AS 200, 308-2122, jpsiminoe@stcloudstate.edu

STAFF ONLY BELOW THIS LINE

- ☐ Member of Public seeking public information - No verification required
- ☐ Verification of identity (ensure documentation qualifies per [Identity Verification Guide](#) and list documentation shown):
- ☐ Verification of parentage or legal guardianship (ensure documentation qualifies per [Identity Verification Guide](#) and list documentation shown):
- ☐ Minor student consent required (attach signed Data Release Consent Form)

Staff Signature: _____