



IDAHO STATE BOARD OF EDUCATION

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208-334-2270 | FAX: 208-334-2632

email: board@osbe.idaho.gov

Data Request Form

Assigned DRD# _____

State Board Request Contact _____

(For Office Use Only)

Date:

Name:

Agency/Institution/Employer:

Phone #:

E-mail:

1. Question(s) you wish to answer with these data:

2. Date Range (Data Begin & End Date):

3. Data Frequency:

4. For Postsecondary Data

1. Program:

2. Student Degree Seeking Status: C

3. Student Full-Time Status:

a. If other, please describe:

4. Student Type:

a. If other, please describe:

5. Data Aggregation/Summary Level:

State

2-year (CSI, CWI, NIC, EITC)

4-Year (BSU, ISU, UI, LCSC)

School District District Number(s):

Gender

Race/Ethnicity

Other :

6. Preferred Delivery Method:

a. If other, please describe:

7. Data File Format:

Choose an item.

a. If other, please describe:

8. Intended Data Use:

9. Intended Audience of Information Created From the Data:

10. Desired Data Delivery Date:

11. Special Instructions:

12. Please provide a sample of how you would like the data displayed.

For Level I-III Data Request (See Data Access and Agreement Document for Additional Information and Steps to Accessing These Data)

13. Data Elements (Variables) needed? (please reference by name as listed in the data dictionary)

14. Please provide the SQL statement for the data you are requesting.

Additional staff notes:

Estimated Staff Hours to Complete:

