



INDIANA UNIVERSITY
OFFICE OF CIVIL RIGHTS COMPLIANCE

Information Request and Conditions of Use Statement

The Office of Civil Rights Compliance 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 faculty, 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 and approved by our office. **Due to the timing of the request and other reporting responsibilities and obligations of our office it may take 2 weeks before we can fulfill your request.**

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? Please be aware the timing of a completed report will depend on our office workload.

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.

Sign: _____ Date: _____

Name: _____ Phone: _____