



CPS Data Request Form

Contact Information

Request made by: _____ Date: _____
Street Address: _____ City: _____
State: _____ Zip: _____
e-mail: _____ Phone: _____
Institution/Department _____

Is the organization requesting this data funded by or affiliated with the United Way?

Yes No

Describe/list the data being requested. Be specific and list all pieces of information requested. If disaggregation is required, please specify (by school, by race, by grade, etc.), including time frame of records.

Briefly describe how you hope to use the data. If possible, provide a copy of any report form you are using This description will assist CPS Assessment, Intervention, & Data in retrieving the data in a