



If you would like to completed this form online through JotForm, please click [here](#).

Data Report Request Form

Instructions: Please completed all of the fields in this form. Once completed, please save it for your records and then email the form to FRCHelp@umassmed.edu.

Date of Request

Name of FRC

Requester's Name

Requester's Role

E-mail

Date the data is needed by (If possible, please allow 5 business days to complete).

What is the purpose of the data (Specify the need for the data, e.g., applying for a grant, presentation to stakeholders, etc.)?

What data do you need (Please provide an explanation for exactly what you need, include requirements or conditions you want in the data, e.g., age, race/ethnicity, Displaced by Natural Forces, services provided by the FRC, etc.)?

Please tell us the date range of the data (e.g. calendar year 2019, state fiscal year 2019, July - September 2019, etc.).

Please tell us what you would like included in the data. Please select all that applies:

- Aggregate Totals
- Family Member IDs
- Family ID
- Percentages
- Raw totals
- N/A
- Other

Please set the priority of this request.

- Low
- Medium
- High

Please explain the reason for your priority setting.

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