

ADVANCEMENT RESEARCH REQUEST FORM

CONFIDENTIALITY STATEMENT

I certify that this request is being made for the purposes that are related to the mission of Augusta University and that I will maintain the confidentiality of this data. I also certify that the information received from this request is for use by Advancement staff only and will not be duplicated or shared with external parties. If making this request on behalf of another party, I agree to take responsibility for maintaining the confidentiality of this data.

Please complete the information below. Note that completion time indicated may vary due to leadership requests and prior workload. Advancement Research will touch base if a timing adjustment is necessary.

<p>Date Research Required:</p> <p>Requestor's Full Name:</p> <p>Date Submitted:</p> <p>Others who will view or use this Research:</p>	<p>Profile Format Required:</p> <hr/> <p>Micro (2days)</p> <p>Bio 1 (2 days)</p> <p>Bio 2 (2 days)</p> <p>Full Profile (5 days)</p>	<p>Specific Research Questions: (describe below)</p> <hr/> <p>Please provide additional notes or definitions, if desired.</p>
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Name & RE ID#	Address (Including City & State)

Office of Advancement
 Augusta University
 1120 15th Street
 Augusta, GA 30912

Research Use:

