

Local Agency Data Request Form

Please complete this form and submit it to your Nutrition Consultant.

Requestor Information

Name: Title:
Agency: Email Address:
Address: City:
Zip Code: Phone:

Date needed by (*a minimum of 2 weeks is requested*):

Data Request Information

Report Description: (*Please provide a specific description of the data needed. Include specific information such as whether you need FIDs, PIDs, names, participant categories, WIC Status, clinic vs. agency information, duplicated or unduplicated counts, etc. Providing a document, such as a spreadsheet, showing an example of the data requested can be helpful.*)

Report date range needed (*e.g. October 1, 2015 – September 30, 2016*)

How will this information be used?

Have you requested this same information before?

Business reason for the request: Grant Audit Program Planning Other (*please describe*)

Who will have access to the data?

Will the information be shared outside the WIC Program? Yes No

If yes, with whom?

Additional Information:

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