**Ad Hoc Request Form**

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| Office/ Department |  | | Application Date |  |
| Name |  | | Extension No. |  |
| E-MAIL |  | | Required Date |  |
| Description of Request |  | | | |
| Purpose and Expected Benefits |  | | | |
| Data Source and Variables |  | | | |
| Data Period |  | | | |
| Supplementary Information (If necessary) |  | | | |
| **Agreement to maintain Confidentiality of Data and Information**  Completion of this form is required of all Offices/ Principal Investigators to the Office of Institutional Research. Its purpose is to help maintain confidentiality of data and information and to improve the security of institutional data about administrators, faculty, staff and students. I, \_\_\_\_\_\_\_\_\_ (type or print), do hereby agree to maintain strict confidentiality of data and information during and after the termination of my services to the office. I further understand that I am not to disclose to any source the contents of files stored in hard copy form or through the use of electronic devices. Failures to adhere to terms of this Confidentiality Agreement may constitute violations of the Act of Personal Data Protection and the Act of Enforcement Rules of the Personal Data Protection as well as other disciplinary actions in accordance with University Policy.  Office of Institutional Research, NSYSU | | | | |
| Signature：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee number/Student ID：\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(YYYY/MM/DD)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature of Director/Advisor：  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)  Date(YYYY/MM/DD)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| Office of Institutional Research | Undertaker |  | Director |  |
| Date of Discussion |  | Date of Completion |  |

When you complete and signed this form, please send it to the Office of Institutional Research-Center of Quality Assurance (Room 4003, Building of International Research), and mail your file to duan@mail.nsysu.edu.tw