Date: _____   **CBMS DATA ACCESS REQUEST FORM**   Control No. _____

Section 1: Applicant Information	
1. Full Name:	
2. Job Title:	
3. Organization:	
4. Department:	
5. Email Address:	
6. Phone Number:	

Section 2: Purpose of Data Request	
1. Purpose of Request:	
2. If 'Other', please specify:	
3. Brief Description of the Project:	
4. Expected Outcomes:	

Section 3: Data Requirements

1. Specific Data Required (check all that apply):	
Demographic Data	
Economic Data	
Health Data	
Education Data	
Housing Data	
Other (please specify)	
2. If 'Other', please specify:	
3. Time Period of Data Needed:	
4. Geographical Area of Data Needed:	

Section 4: Data Security and Confidentiality

1. Describe how the data will be stored and secured:

2. Who will have access to the data?

 3. Describe the measures taken to ensure data confidentiality:

Section 5: Data Usage Agreement

1. Intended Use of Data (check all that apply):	
Academic Research	
Government Planning	
Nonprofit Program Development	
Commercial Use	
Other (please specify)	
2. If 'Other', please sp	
3. Will the data be shared with any third parties? (Yes/No)	
4. If 'Yes', please spec	
5. Expected Date of Project Completion:	

Section 6: Authorization			
1. Applicant's Signatu		2. Date:	

Date: _____   **CBMS DATA ACCESS REQUEST FORM**   Control No. _____

<table>
<tr><td colspan="4">For Internal Use Only</td></tr>
<tr><td>1. Request Received B</td><td></td><td>2. Date Received:</td><td></td></tr>
<tr><td>3. Data Access Approv</td><td></td><td>4. Date of Approval:</td><td></td></tr>
<tr><td>5. Comments:</td><td colspan="3"></td></tr>
<tr><td colspan="4">This form collects essential information to review and authorize access to CBMS data. It ensures the requestor's identity, purpose, data needs, and measures for data security and confidentiality are clear and documented.</td></tr>
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