



Colorado WIC Program Local Agency Data Request Form

Please complete the Data Request Form and submit it to your Nutrition Consultant.

Requestor Information

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

Date Needed By (a minimum of two weeks is requested):

Delivery Method: Email Mail

Data Request Information

Report Description: (Provide a specific description of the data needed. Include specifics such as whether you need FIDs, PIDs, names, participant category, WIC Status, NRFs, etc if applicable)

How will this information be used:

Report date range (e.g. Oct.1, 2012 – Sept. 30, 2013):

Have you requested this same information before?

Business reason for data request: Audit Grant 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? (Title)

Additional information:

