



Local Agency Data Request

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: _____
(Two week minimum is requested. Complex data requests may take longer.)

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)*