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|  |  **External Data Request** |  |
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| [Agency name] has an obligation to handle information responsibly and can only provide outside entities access to confidential information under limited circumstances. This form helps confirm whether sharing information is permissible, appropriate, and consistent with [agency name’s] mission.Submit this completed form to [agency contact for requests, if applicable]. By submitting your request, you certify that you have the legal authority to receive all requested information and have confirmed that the requested information is the least amount of information necessary to fulfill your intended use. You acknowledge that you may be required to provide proof of appropriate privacy and security controls, sign a data sharing agreement, and/or ensure all individuals with access sign a confidentiality agreement. Completing this form is not an assurance that the requested information will be provided, and your request may be modified or denied after review.This form is not intended to be used for public records requests under the Public Records Act in chapter 42.56 RCW. Please send public records requests to [agency contact for PRA requests]. |
| **Section A: Requester Information**  |
| Contact information | Name of entity (if applicable): Contact Name: Title (if applicable): Address: Telephone: Email:       |
| Entity type | **[ ]**  Individual **[ ]**  Corporation**[ ]**  Educational**[ ]**  Government **[ ]**  Other:  |
| **Section B: Requested Information** |
| What information do you need? Please provide as much detail as possible, including timeframe and specific data elements if available. |  |
| What category is the data? *See* OCIO 141.10, Section 4.10 (<http://ocio.wa.gov/policy/securing-information-technology-assets-standards>)  | [ ]  Category 1: Public Information [ ]  Category 2: Sensitive Information[ ]  Category 3: Confidential Information[ ]  Category 4: Confidential Information Requiring Special Handling |
| Do you have access to this information now, or have you previously received this information? | **[ ]**  No**[ ]**  Yes, explain:  |
| How do you want to receive the information? | **[ ]**  System Access**[ ]**  Data Extract: What format: **[ ]**  Other, explain:  |
| Will the records be linked to any other records? | **[ ]**  No**[ ]**  Yes. Identify and describe (1) the other records; (2) the identifiers that will be used to link all records; and (3) your linking protocol or process:  |
| **Section C: Purpose** |
| What will you do with the information? |  |
| Why do you need this information to accomplish your purpose?  |  |
| How long will you keep this information? |  |
| If requesting Category 3 or Category 4 information, what law allows [agency name] to share this information with you?  | Explain, including citations to applicable law:  |
| Will you be publicly releasing any analysis or derivative data products based on the data?  | **[ ]**  No**[ ]**  Yes, explain.  |
| Describe any other benefits to [agency name] from your intended use. |  |
| **Section D: Access** |
| How many people will access this information? |  |
| What are the types of employee duties of those that will access this information?  | List all that apply, including the justification for access:  |
| Will any other entities (such as subcontractors) have access to this information?  | **[ ]**  No**[ ]**  Yes, list and explain:  |
| **Section E: Privacy and Security Controls** |
| Describe in detail your plan to prevent unauthorized access or redisclosure. How will you comply with OCIO Security Standard 141.10 and any other applicable privacy and security standards? | **[ ]**  No **[ ]**  Yes, describe:   |
| Where will the information be stored? |  |
| What is your plan for disposing of the information? |  |
| Are you subject to external security audit(s) (e.g. SOC 1, SOC 2, SSAE 16, etc.)?  | **[ ]** No **[ ]**  Yes, provide laws or other sources of authority for audit and types of audits conducted: |