

**DATA USE AGREEMENT REQUEST**

The Office of Sponsored Research requires completion of the Data Use Agreement (“DUA”) Request form for all proposed DUAs with other Institutions. Please download and complete this fillable PDF form and attach all required documents directly to this file. As you complete the form, note the following:



Do not complete this form on your browser. Download the file to your desktop before starting;



After you have attached documents to the PDF, you can view, delete or save them by clicking the paperclip icon on the left side navigation of the PDF;



Use the Save icon to save the PDF as a fillable file. Please do not “print to PDF” or scan a hard copy of the form; and



OSR prefers electronic signatures. If you need to print a hard copy to sign, please upload a scanned copy of the signature page to this file where indicated.

Please email the completed form, or any questions about the form, to the Office of Sponsored Research to: [osr\\_intake@stanford.edu](mailto:osr_intake@stanford.edu). The appropriate Contract & Grant Officer will contact you about next steps. Thank you.

**DATA USE AGREEMENT REQUEST**

ADMINISTRATIVE INFORMATION			
Stanford Principal Investigator		Stanford Lab Contact	
Last Diamond	First Rebecca	Last Diamond	First Rebecca
Email diamondr@stanford.edu	Phone Number 650-497-4684	Email diamondr@stanford.edu	Phone Number 650-497-4684
Department	Data is		
Economics	<input checked="" type="radio"/> Incoming (Sections A, B, C) <input type="radio"/> Outgoing (Sections A, B, D) <input type="radio"/> Both (All Sections)		

**A. INFORMATION ABOUT THE DATA****1. Brief Description of the Data:**

National Longitudinal Survey of Youth 1979 geocode files from the Bureau of Labor Statistics. Specific variables requested are U.S. State, county, and metropolitan statistical area of residence for each respondent

Sending to:

Receiving from: Bureau of Labor Statistics

**2. Is the data related to human subjects?** ☐ Yes ☒ No

a. If "Yes," please respond to the following:

- i. Please review the definitions of [Protected Health Information](#), [Limited Data Set](#), and de-identified data (if you have any questions about the classification of the data, contact the [Privacy Office](#)). This data is:

[Select one]

- ii. Provide one of the following:

☐ Protocol number for use of the data

☐ Attach IRB letter, exemption letter or determination letter

**Attach Letter**

**3. Is the data considered sensitive or confidential (e.g. under a non-disclosure agreement)?** ☐ Yes ☒ No

If "Yes," describe:

**4. Is the data considered [export controlled information](#)?** ☐ Yes ☒ No**B. USE, TRANSFER AND STORAGE OF THE DATA****1. Brief description of how the data will be used:**

County of residence will be matched with segregation level of the county to measure effects of segregation

**2. Will the data be used for:**

Non-sponsored research

If "Sponsored research," please select one:

☐ SPO/Project Title

☐ Proposal in progress

**3. Will the data be combined with data from other sources?** ☒ Yes ☐ No

If "Yes," provide the source: Census tract level data from National Historical Geographic Information System

**4. Will the scope of work involve any existing Stanford intellectual property?** ☐ Yes ☒ No**5. Do you anticipate intellectual property evolving from the use of the data?** ☐ Yes ☒ No**6. How will the data be accessed, received, or provided? (Check all that apply)**

☐ Paper

☐ Thumb-drive/hard drive

☐ Electronic portal

☐ Download

☐ View-only

☐ Electronic transfer:

☒ Stanford server access (SuNet ID)

☒ Other: Provided from BLS by CD-ROM

**DATA USE AGREEMENT REQUEST****C. FOR INCOMING DATA ONLY**

1. How/where will the data be stored? ☐ N/A; data will not be stored at Stanford or is available for view-only access

Data will be stored in Stanford's Secure AFS servers under a workgroup administered by Laura Zhang

a. Specify the physical security standards in place: To access the SecureAFS space that has been allocated to my workgroup (which includes only me and Professor Rebecca Diamond), the individual has to be added to the workgroup by the administrator (Laura Z

b. Provide the contact information for your department IT person: Michael Parievsky, 650-723-7075, mikepar@stanford.edu

2. Will the **results** of your activity be shared with any outside (non-Stanford) parties? ☒ Yes ☐ No

If "Yes," identify the party(ies): Honors thesis will be published on the economics department website

3. Will the **data** be shared with any outside (non-Stanford) parties? ☐ Yes ☒ No

If "Yes," identify the party(ies):

4. Will the data be shared with/accessed/used by anyone at Stanford other than the PI? ☒ Yes ☐ No

If "Yes," identify the party(ies): Laura Zhang

5. Is there a cost associated with receiving the data? ☐ Yes ☒ No

If "Yes," how will the costs be covered:

**D. FOR OUTGOING DATA ONLY**

1. Was the data gathered, or will it be gathered, as part of a sponsored project? ☐ Yes ☐ No

If "Yes," provide the SPO/Project Title:

2. The data will be provided as part of a collaborative research project and result in a joint publication? ☐ Yes ☐ No

3. Will the requester combine the data with materials from other sources? ☐ Yes ☐ No

If "Yes," explain:

4. Do you require the requester to share its results with you? ☐ Yes ☐ No

5. Please explain any additional restrictions on the use of the data that you would like to request (e.g. specific users only, special security/encryption requirements, limits on what the data can be used for, etc.).

**E. ATTACHMENTS**

For incoming data, please attach the draft Data Use Agreement from the Data Provider, if available, and any supporting documentation as a part of this request. For outgoing data, please attach any additional supporting documentation.

Attach Draft DUA and/or Supporting Documentation

**PI CERTIFICATION**

I acknowledge and accept the obligations related to this Data Use Agreement.

  
Signature of Stanford Principal Investigator

  
Date

Signature Page

