

ISC Aggregate Data License Request

Data Research & Oversight Committee (DAROC)

**Project Title (if applicable):**

**Principal Investigator:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Name:*** |  | ***Title:*** |  |
| ***Email*** |  | ***Phone:*** |  |
| ***Agency/***  ***Dept.:*** |  | | |

1. **Description of Aggregate Data Request**

Provide a brief (250 word max) summary of why you are requesting the aggregate data and how the data will be used/reported.

1. **Use of Aggregate Data**

Please state the purpose for which you plan to use the aggregate numbers.

Better understand how ISC data deposits overlap

Data story / Data exploration

For use in a specific grant application (if yes, please state which grant:Click here to enter text.

For use in advocating for funding

Interested in exploring potential for a research study

Other

1. **Who data will be shared with**

Please list all parties that you plan on sharing this information with (ex. Foundation name, organization name, etc.)

**Data Requested**

List the selection criteria for cases, as well as the specific data fields from the ISC Community Database that you are requesting. If requesting integrated data from across multiple data sources, please specify all datasets. Please also specify the time period for which data are requested and any additional constraints (for example, Gender=Male, Arrest Type=Felony, etc.). For access to field names, you can request access to the ISC Codebook online at <http://charlotteresearch.info/> or contact Ashley Clark for additional information [Ashley.Clark@uncc.edu](mailto:Ashley.Clark@uncc.edu)

|  |  |  |  |
| --- | --- | --- | --- |
| Dataset | Data Fields | Time Period | Inclusion Criteria  *(describe the characteristics of the study population(s).* |
| Click for dropdown |  |  |  |
| Click for dropdown |  |  |  |
| Click for dropdown |  |  |  |
| Click for dropdown |  |  |  |

**Investigator Agreement:**

I agree to respond to any questions or concerns of the Data and Research Oversight Committee, and to work in a cooperative manner with DAROC. I agree to obtain approval before making any changes or additions to the project.

Signature of Investigator Date