



## REQUEST FOR ELECTRONIC DATA SHARING/ACCESS TO AGO DATA\*

<b>Date:</b>			
<b>Name of Requestor:</b>			
<b>Address:</b>			
<b>Phone Number:</b>		<b>Fax Number:</b>	
<b>E-Mail Address:</b>			

Please note that much of the information the AGO has on paper and in electronic format comes from our clients. In those instances, the AGO alone cannot decide whether to disclose information that came from our clients or because of work for our clients. Any such disclosure may well be governed by data sharing agreements that the clients have with others or that the AGO has with the client.

<b>Describe who wants this information and cite their legal authority for obtaining the requested data.</b>
<b>Describe what exact data is being requested, in what format (paper, electronic, etc.), and whether this is a one-time request or if the request is for recurring time frames; if recurring, please specify.</b>
<b>What is the method of delivery?</b>
<b>Specifically, what is the data's intended use and is the intention to disclose this information secondarily; if so, to whom?</b>
<b>What is the security plan for the data?</b>
<b>The acceptable data retention period, method of data destruction and method of communication that data was destroyed.</b>
<b>Requestor's background information.</b>
<input type="checkbox"/> Acceptance of disclaimer requestor understands that the data will not be forwarded. <input type="checkbox"/> Acceptance of disclaimer that the data will not be used for commercial purposes. <input type="checkbox"/> Acknowledgement that AGO will be immediately informed of any data loss or compromise.
Please check the boxes above agreeing to the conditions of this request and sign the form below to indicate your understanding of these conditions.
<b>Requestor Signature:</b>

### FOR OFFICE OF ATTORNEY GENERAL USE ONLY

<b>Received by:</b> <small>Signature</small>	<b>Date Received:</b>
<b>Forwarded to Responsible Division:</b> <small>Section Chief or Division Chief</small>	<b>Date Forwarded:</b>
<b>Request Completed by:</b> <small>Signature</small>	<b>Date:</b>
<b>Copy to Administrative Services:</b> <small>Signature</small>	<b>Date:</b>
<b>Invoice Sent for<sup>2</sup> \$ _____/from PCA # _____ by:</b> <small>Signature</small>	<b>Date:</b>
<b>Material Mailed to or Picked Up by Requestor:</b>	<b>Date:</b>

\*Some requests for data/information may necessitate further requirements, as determined by AGO ISS Section

<sup>2</sup> Only the first 20 pages will be provided free of charge. Any additional pages/copies will be provided at a price of 25 cents per page. DVD or CD copies will be provided at a price of \$10.00.