

AAUDE Data Warehouse Signature and Approval Form

Signature Section: To be completed by the person seeking warehouse access.

Please initial each box to indicate you understand the statement.

- I have read and understand AAUDE's Confidentiality and Data Sharing Policies.
- I agree to abide by all confidentiality and data sharing rules described in the Confidentiality and Data Sharing Policies as well as any additional rules that are specific to individual exchange items. I agree to use, report, and disseminate AAUDE data in a manner that is consistent with these rules.
- I understand that the Data Sharing and Confidentiality Policy documents are subject to change and that I should review the policy documents at least annually.
- I agree not to share my login information with anyone
- I understand that failure to abide by these rules could result in loss of access to these data either for me and/or for my institution and that my institution may be notified of any inappropriate use.

Please fill-in this section legibly and return the form to the primary AAUDE representative at your institution.

Institution _____

Name (printed) _____ Birthdate (MMDD) _____

Title _____ Office name _____

Mailing address _____

City, State, Zip _____

Phone number _____

Email address _____

Rep type (circle one) PRIMARY ALTERNATE OTHER

_____ _____

Date Signature

Approval Section: To be completed by the primary AAUDE Representative at the institution.

I approve _____ to receive a login to access the AAUDE warehouse. Please establish an account that provides him/her with access to the following warehouse role (*check only one*).

- ___ **Standard without faculty salaries** (includes all data in warehouse except survey data and faculty salaries)
- ___ **Standard with faculty salaries** (includes all data in warehouse except survey data)
- ___ **Faculty Salaries only**
- ___ **Grad School** (includes Graduate Stipends, Doc. Time-to-degree, Doc. Completion Rates, NSF R&D)
- ___ **Faculty Profile** (includes Faculty Profile by CIP and IPEDS HR)

Also provide this individual with access to the following response-level survey data (*check all that apply*).

- ___ **All response-level survey data**
- ___ **Faculty survey**
- ___ **Doctoral exit survey**
- ___ **Undergraduate exit survey (aka Senior survey)**
- ___ **Alumni survey**

In addition to the warehouse access, please add this individual with to the AAUDE listserv.

- ___ **Yes, add to listserv**

_____ _____

Date Signature (Primary AAUDE Representative)