

SURVEY REQUEST

GENERAL INFORMATION

Survey Submitter _____
Title (Dr., Mr., Ms.) _____ Last _____ First _____

Phone _____ Department _____

SURVEY INFORMATION

- Number Of Survey Questions: _____
- Number Of Survey Versions: _____
- Question(s) To Omit: _____
- Multiple Answers Allowed? Yes No
- ☆ **Please make sure that you attach a blank copy of your survey with this form!** ☆
- Other information:

WORK TO BE PERFORMED

- Place a file containing the raw survey data on the formatted diskette provided by the person submitting this request.

☆ **Please write a description of what results you would like and how you would like them given to you:**

SIGNATURE

- ★ Surveys will be processed and ready for pickup within **two weeks**.
- ★ You will be notified if processing is delayed due to technical difficulties.
- ★ Surveys are processed on a first-come, first-serve basis. There are **no rush jobs**.
- ★ Illegible or incomplete portions of this form may delay processing. Please be accurate and clear.
- ★ The Test Scoring Staff will make every effort to ensure the accuracy of the results; however: **the submitter should double-check the correctness of the results.**
- ★ Survey results must be picked up by the person submitting this request.

Submitted by: _____ Date: _____

Picked up by: _____ Date: _____