

## Community Assessment, Planning & Evaluation Unit Data Request Form

Send completed requests to CAPE@schsa.org

The Health Services Agency's Public Health is committed to improving health by helping residents, communities, and partners understand, access, and utilize data. The Health Services Agency is not responsible for interpreting or conclusions gathered and reported from the data provided. This data should not be transferred or used for commercial gain. **Please allow a minimum of two weeks for a response.** Some requests may take longer to fulfill due to staff capacity or the complexity of the inquiry. Please note:

- Incomplete forms will lead to delays in processing your request.
- For all media inquiries, contact our Communications team at Connect@schsa.org or (209) 558-6833.
- For birth or death certificates, visit the <u>Stanislaus County Clerk Recorder's website</u>.
- For **health records, including vaccinations**, contact your health provider. For more recent vaccination information, visit the <u>California Department of Public Health website</u>.

	Applicant Information				
Name:					
Organization:					
Address:					
	Street Address				
	City		State	ZIP Code	
Phone:		Email			
		About the Request			
Reason for Requ	est:				
If Research: Supe	ervisor/Principal Investi	gator/Mentor name:			
Target Audience	:				
Requested Comp	oletion Date:				
		Data Request			
Describe Request:		If Other, specify	If Other, specify		
Time Frame:		Urgency:	Urgency:		
Time Periods:					
Target Populatio	n:				
Which Subpopul	ation(s) (Age, Gender, F	Race, Geography)			

All data released will be aggregated or de-identified unless a specific request is made and justified.