

Person requesting information	Name, phone number, and email address	
	Department	
Reason for requesting information	<input type="checkbox"/> Scientific research Enclose research plan as attachment Name and contact information of thesis supervisor	
	<input type="checkbox"/> Statistics	
	<input type="checkbox"/> Other, specify _____	
Sampling terms	<input type="checkbox"/> Graduated students <input type="checkbox"/> Registered students <input type="checkbox"/> Only attending students <input type="checkbox"/> Other, specify _____	Sampling size <input type="checkbox"/> All that fit requirements <input type="checkbox"/> Random sample, specify
	<input type="checkbox"/> Name <input type="checkbox"/> Mailing address <input type="checkbox"/> Study information (faculty, degree, degree programme) <input type="checkbox"/> Other, specify _____	
Method of delivery, time and address	<input type="checkbox"/> Electronically, how _____ Address of delivery _____	<input type="checkbox"/> Paper print Preferred delivery time _____

PRIVACY STATEMENT

According to Personal Act (HTL 523 22.4.1999) information can be disclosed for historical or scientific research, or compilation of statistics. Information can also be disclosed if disclosure is based on other act or decree. Address information can also be disclosed for updating membership register, if receiver already has corresponding information at their own register and they have a right to keep a personal register, e.g. Student Union or FSHS. As a rule, other use requires student's permission. Disclosures requiring permission are e.g. disclosures for actions advancing studies or employment, and disclosures to student organizations and other student interest groups.

I assure I will use information I receive by this form only to purpose stated on the form, and I will not disclose or sell information further or otherwise make information available for outsiders. I also agree to dispose of information received after usage.

Place and time _____ Applicant's signature _____

UNIVERSITY FILLS IN

Rejected, reason for rejection _____

Place and time _____ Signature and clarification for signature _____

ENCLOSURES

- Research plan
- Description of usage
- Other, specify _____