



PRETRIAL SERVICES AGENCY *for the* DISTRICT of COLUMBIA

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**EXTERNAL DATA REQUEST FORM**

**Date of Request:**

**Requester Full Name:**

**E-mail:**

**Phone:**

**Organization** (please do not use acronyms):

**Description of Request:**

Provide in-depth information on the type of data you are requesting, including time period and variables (when applicable). The more detailed the description, the better the Analysis Team will be able to assist you.

**Purpose of Request:**

Provide any additional information for the purpose of your request.

**Intended Stakeholders:**

Indicate the audience to whom the data will be shared.

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**Output Type:**

**Requested Delivery Date:**

We will do our best to accommodate your timeline. However, please note all data sent externally must go through an internal review process.

**Signature/Date:**

**By signing the form, you agree to allow PSA to review any documents created using these data before they are published or presented.**

Please send this completed form to [psadatarequests@psa.gov](mailto:psadatarequests@psa.gov) with any relevant attachments.