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| **APPLIED SCIENCE UNIVERSITY / RENEWABLE ENERGY CENTER** | | | | | | | | | | | | |
| **DATA REQUEST FORM** | | | | | | | | | | | | |
| **CONTACT INFORMATION** | | | | | | | | | | | | |
| FIRST NAME: | |  | | | LAST NAME : | |  | | ORGANIZATION: | |  | |
| PHONE No. : | |  | | | EMAIL : | |  | | | | | |
| POSITION OF REQUESTOR: | |  | | | DATE REQUESTED: | |  | | DATE NEEDED: | |  | |
| **REQUEST INFORMATION** | | | | | | | | | | | | |
| DESCRIBE THE PURPOSE/REASON FOR THE DATA REQUEST AND WHAT THE DATA WILL BE USED FOR (BE SPECIFIC, RESEARCH PURPOSES, ....) | | | | | | | | | | | | |
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| \*FOR MORE INFORMATION CONTACT THE COLLABORATION AND DATA SHAIRING PROGRAM COORDINATOR IN THE CENTER ENG.RAWAN MAHASNEH (r\_mahasneh@asu.edu.jo) / PHONE NO. : +96265609999 EXT. : 1339 . | | | | | | | | | | | | |

**I will use the above data only for the requested purpose and i accept any retribution for doing the opposite of that.**

**Data Requestor's Signature: Deputy Director's Signature:**