



Bureau of Labor Statistics  
Confidential Data Access Information  
Federal Statistical Data Center (FSRDC)



For multiple researchers applying together, but affiliated with different institutions, one form should be completed for each institution.

### Conditions of Data Access

- The information you provide will be used by the Bureau of Labor Statistics (BLS) for administrative purposes associated with granting access to restricted BLS data.
- BLS requires a legal agreement with the institution and an Agent Agreement for each individual. The terms and conditions of those agreements are not negotiable.
- Researchers are responsible for notifying the BLS of any changes. If an agent leaves the institution during a project (e.g., because a researcher graduated) BLS will terminate that agent's access to the confidential data. If no other agents remain at the institution or if the research project ends, BLS will terminate the legal agreement with the institution. If researchers are added to the project or if any FSRDC location details entered in Section 4 below change, researchers are responsible for re-submitting this form indicating those changes.
- Agreements are specific to each research project. If you have an active project and you later wish to use the same data for an additional project, you must submit a new proposal.
- All research outputs derived from confidential BLS data will be reviewed by BLS to ensure that they comply with requirements to protect respondent confidentiality.

| 1. Institution Information  |        |
|---|--------|
| Institution Legal Name ( <i>legal names may differ from website information, confirm with your institution</i> ):   |        |
| Identify Signing Official: <b>No signature is needed on this form.</b> This official must have the authority to enter into legal binding agreements on behalf of your employer or educational institution. <b>Check your institution's policy.</b> Typically, the signatory for an educational institution will be a contract or grant officer from a Sponsored Programs or Sponsored Research office. When proposing a signatory who is not from a Sponsored Programs or Sponsored Research type of office, briefly describe your institution's policy in the space provided. Generally, a Dean or Department Chair does not have the appropriate legal authority. |        |
| Name:   |        |
| Title:  | Email: |
| Comments:   |        |

| 2. Recipient Project Coordinator  |  |
|---|--|
| <p><i>The Recipient Project Coordinator is responsible for ensuring researcher compliance with the BLS data sharing agreement. A project coordinator must be a full-time employee of the institution and serves as the main point-of-contact between the BLS and the institution. A researcher may serve as project coordinator unless that individual is a student. Examples of acceptable project coordinators include professors, academic advisors, or department chairs.</i></p> |  |
| Name:   |  |
| Title:  |  |
| Institution:  |  |
| Email:  |  |
| Phone:  |  |

| 3. External Datasets   |  |
|--|--|
| <p><i>List all external datasets that you intend to link to confidential BLS data and their source(s). For any proprietary non-public datasets, you must verify that you have permission to legally share the data with the BLS under the terms of the purchasing or licensing agreement for the data. Access to external data is restricted to the BLS staff or contractors assisting with the project, but once the data is co-mingled with BLS data it cannot be removed from the FSRDC. (It will be deleted or destroyed at the end of the project.)</i></p> |  |
| <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>   |  |

| 4. Individuals Seeking Access to Restricted Microdata  |                               |  |        |  |
|--|-------------------------------|--|--------|--|
| Please specify which individuals from your institution require access to restricted microdata. |                               |  |        |  |
| 1.<br>1  | Name:                         |  | Title: |  |
|  | Email                         |  | Phone: |  |
|  | Affiliation with Institution: | <input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time |        |  |
|  |                               | <input type="checkbox"/> Student. If so, please specify your anticipated graduation date:  |        |  |
|  |                               | <input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:   |        |  |
|  |                               | <input type="checkbox"/> Other. Please specify:  |        |  |
| FSRDC location:  |                               |  |        |  |
| 7.   | Name:                         |  | Title: |  |
|  | Email                         |  | Phone: |  |
|  | Affiliation with Institution: | <input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time |        |  |
|  |                               | <input type="checkbox"/> Student. If so, please specify your anticipated graduation date:  |        |  |
|  |                               | <input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:   |        |  |
|  |                               | <input type="checkbox"/> Other. Please specify:  |        |  |
| FSRDC location:  |                               |  |        |  |
| 13.  | Name:                         |  | Title: |  |
|  | Email                         |  | Phone: |  |
|  | Affiliation with Institution: | <input type="checkbox"/> Employee or faculty. If so, please specify: <input type="checkbox"/> Full time <input type="checkbox"/> Part time |        |  |
|  |                               | <input type="checkbox"/> Student. If so, please specify your anticipated graduation date:  |        |  |
|  |                               | <input type="checkbox"/> Fellowship / Post-Doctoral Appointment. If so, please specify end date:   |        |  |
|  |                               | <input type="checkbox"/> Other. Please specify:  |        |  |
| FSRDC location:  |                               |  |        |  |

**Privacy Act Statement.** The information you provide will be used by staff at the Bureau of Labor Statistics (BLS) for administrative purposes associated with granting access to restricted BLS data. In accordance with the Privacy Act of 1974 as amended (5 U.S.C. 552a), details about

routine uses can be found in the system of records notice, DOL/BLS – 21, Data Sharing Agreements Database (81 FR 47418). Providing the information on this form is voluntary; however, the BLS will not be able to grant access to restricted BLS data without this information. The information provided will be used to draft agreements with your institution, which upon full execution are public records. The BLS is authorized to request the information on this form under Title 5, United States Code, Section 301.

**Paperwork Reduction Act Statement.** This information is being collected to allow access to restricted information on a limited basis to eligible researchers for approved statistical analysis. We estimate that it will take an average of 15 minutes to complete this form. The responses to this collection of information are voluntary. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Email comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Bureau of Labor Statistics, Division of Management Systems, Attention: BLS Clearance Coordinator, BLS\_PRA\_Public@bls.gov.