



NACCRRRA Data Services Advanced Support Request

CONTACT INFORMATION

Name: _____

Agency Name: _____

Agency ID: _____ Telephone number: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

SUPPORT REQUEST DETAILS

Process requested:

Data modification (ie. Change record status, delete records, delete database)

Modification Request Details:

Data Merge or Transfer (ie. Move a county's data to another Agency ID, change Agency ID)

Agency ID to where data needs to be moved: _____

Criteria used to move data: All records moved

Only records matching following criteria moved

Number of records affected: _____ Client _____ Provider _____ Community

Desired completion date: _____

Reason for change: _____

Data Synchronization Report

Compare the configuration of the above agency ID to the following agency ID(s):

___ **Data Archiving**

Create an archive file containing Inactive records, and then **permanently delete** these records. PLEASE NOTE: These records cannot be restored by the agency administrator.

___ Client ___ Provider

Start Date _____ End Date _____

Provide this file to our agency via the following:

___ Email attachment ___ CD sent via USPS mail ___ FTP Download

___ I have attached the Inactive Listing Report using the above date range parameters and understand that the data contained in these records will be saved to a file provided to my agency and then permanently deleted from the database.

___ **Data Restoration**

Restore data from previous Data Archiving work - must be original file created by NACCRRRA's development team.

Name of archive file: _____

Date of archive file: _____

___ **Other** (please describe)

APPROVAL

Representative of Agency responsible for charges:

With the exception of the Data Archiving utility which is provided free of charge, the cost to complete this process is \$125 per hour (minimum 2 hours). I agree to pay the charges needed to complete the data change, transfer, merge or restoration.

Signature: _____

Date: _____

For data merge/transfer requests, representative of Agency where data currently resides:

Signature: _____

Date: _____

Fax this form to the attention of J O. Albright at: 703-341-4101. When received, you will be contacted by a technical support representative to review the process and clarify any information needed to complete the transfer or merge. Please ensure the data fields used to define records are completely populated and accurate.