



## Student Information Data Request Form

Contact Person: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Student Organization: \_\_\_\_\_ Date Needed: \_\_\_\_\_  
(Please allow two days minimum)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Acct #: \_\_\_\_\_

State detailed purpose for request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request Type: (Please check a format)

- Excel File Report (printout)       Labels \_\_\_\_sets       Postal Soft

Selection Criteria: (Please check only those that apply or specify below)

Students:

Class:

- |   |  |   |                             |
|---|--|---|-----------------------------|
| <input type="checkbox"/> All Enrolled                   | <input type="checkbox"/> 1 <sup>st</sup> Time Degree Seeking | <input type="checkbox"/> All                  | <input type="checkbox"/> So |
| <input type="checkbox"/> Transfer                       | <input type="checkbox"/> Continuing Undergrads               | <input type="checkbox"/> Undergrad            | <input type="checkbox"/> Jr |
| <input type="checkbox"/> Other _____                    |  | <input type="checkbox"/> Grad                 | <input type="checkbox"/> Sr |
| <input type="checkbox"/> Exclude International Students |  | <input type="checkbox"/> 1 <sup>st</sup> Year |                             |

Major(s): \_\_\_\_\_ College(s)/School:  EN  SA  BU  TE  FO

GPA: \_\_\_\_\_ (Top %, Overall)

Person Info:  Female     Male     Minority \_\_\_\_\_  
(Specify Group)

Information to Print: (If you have a specific format for your report or list, please submit a sample)

- Student Name     Mailing Address (Phone)     Home Address (Phone)     Email  
 'To the Family of'     Other \_\_\_\_\_

Other info: \_\_\_\_\_  
\_\_\_\_\_

Sort by:     Zip Code     Alpha     Major

**Student Activities**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Complete: \_\_\_\_\_ By: \_\_\_\_\_

Name of Report: \_\_\_\_\_