



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)

- Report (printout) Labels ____sets Postal Soft

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

Students:

Class:

- All Enrolled 1st Time Degree Seeking All So
 Transfer Continuing Undergrads Undergrad Jr
 Other _____ Grad Sr
 Exclude International Students 1st 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: _____