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               ☐ All
☐ 1st Time Degree Seeking   ☐ So
☐ Transfer                  ☐ Undergrad
☐ Continuing Undergrads     ☐ Jr
☐ Other ______________________
☐ Exclude International Students
☐ Grad
☐ Sr
☐ 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: ____________________________________________________________