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

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: ____________________________