

**REGISTRAR'S OFFICE
REQUEST FOR DATA**

Dept. or Organization _____ Phone # _____

Contact Person _____ Email _____

Data to be selected: (What requirements to be met?) _____

Description of report: (How do you want it to look?) _____

Date needed: ___/___/___

Note: Allow 3 business days for processing. If first-time request or data is needed during extremely busy times, allow at least 5 business days for processing.

Please complete this section where applicable.

___ Full Time ___ Part Time ___ All Students Number of Copies _____

Address: ___ Home ___ Local Year _____ Semester _____

All lists will be in alpha order unless otherwise specified.

Sort by: _____ (I.D. #, Dept., Class., GPA., etc.)

Reason data needed: _____

"I certify that the requested data will be used by the undersigned for the sole purpose as stated in this form and that use of this data for any other purpose constitutes a serious violation of College policy."

Date

Signature of Faculty Advisor, Administrative Officer
or Department Head

For Registrar's Use Only

Date & Time Rec'd _____

Date Completed _____

Completed By _____

File Used _____