

Requester's Information

Name: _____ Staff Faculty
Department: _____ Campus Location: _____
Phone: _____ Fax: _____
E-mail: _____ Date: _____

Note: Requests by students and student organizations must be submitted by a staff or faculty member. This form is only for Main Campus requests for information. Downtown Campus requests should be forwarded to the Downtown Registrar's Office.

Who will receive this information?

Describe what you or the requester intend to use this information for:

Criteria (Note: Please only complete information that pertains to your request. If necessary, use more than one form.)

Term(s): _____

Level: <input type="checkbox"/> All <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate OR Class: <input type="checkbox"/> 1 st Yr <input type="checkbox"/> 2 nd Yr <input type="checkbox"/> 3 rd Yr <input type="checkbox"/> 4 th & 5 th Yr <input type="checkbox"/> Grad <input type="checkbox"/> Doc

Time status: All Full-time Part-time

Major(s): All Majors All Engineering ARCH BCPS CHEE ECE ID MMAE PSYC

OR specify major(s) / department(s): _____

Data

Address: Local Permanent Next of Kin Specify: _____

GPA: Cumulative Semester Major

Other criteria / detailed description (Please be as specific as possible. Include all data fields you need and the sort order)

Output Format (hardcopies: allow an extra day for delivery, labels: specify which address)

Hardcopy Adhesive Labels: # of sets: _____ **OR** Electronic File: Excel Comma-Delimited (e-mail delivery)

Delivery (for hardcopies and labels)

Fax Campus Mail Pick-up US Mail Specify: _____

Date needed by: _____ (Please try to submit requests five working days prior to due date.)