

Request for Report

Requests are processed on a first-come, first-served basis



Name _____ Date submitted _____ Date needed _____

When your report is completed do you want us to: Place in mailbox # _____ or leave a message at extension # _____

PLEASE ANSWER THE FOLLOWING QUESTIONS IN AS MUCH DETAIL AS POSSIBLE

1. List exactly what information must show on your requested report (*be specific*):

2. Type of student you want included in this report — check **ALL** that apply:

- | | |
|--|---|
| <input type="checkbox"/> Traditional Undergraduate | <input type="checkbox"/> Master of Science in Leadership |
| <input type="checkbox"/> Elementary Middle Alternative Education | <input type="checkbox"/> Master of Science in Nursing |
| <input type="checkbox"/> PACE/MAAP | <input type="checkbox"/> Doctorate in Educational Administration and Leadership (Ph.D.) |
| <input type="checkbox"/> RN to MSN | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Graduate Education | |

3. In what order do you want the report to print?

- Alphabetical
- Zip code
- By advisor
- By major
- Other _____

4. Please specify how you want the information supplied:

- | | |
|--|---|
| <input type="checkbox"/> Hard copy: <input type="checkbox"/> 8½"x11" or <input type="checkbox"/> 8½" x 14" | <input type="checkbox"/> Address labels |
| <input type="checkbox"/> Email to _____ | Circle one: Home Local |
| Preferred format? <input type="checkbox"/> Excel <input type="checkbox"/> PDF <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Transfer to (<i>please supply</i>): <input type="checkbox"/> Disk <input type="checkbox"/> Jump drive | |

5. With my signature below, I take full responsibility for the security of the information provided in the attached report. I further agree that it will not be shared with others, except as needed to carry out the duties for which the information was obtained. Finally, I agree that the report will be maintained in a **secured** place, and when it is no longer needed, it will be properly disposed of or returned to the Office of the Registrar for proper disposal.

Signature _____ Date _____

— OFFICE USE ONLY —

Report name: _____ Initials: _____ Date completed: _____
Criteria used: _____
Other: _____
Comments: _____