

# Information Request Form

Requestor: \_\_\_\_\_ (person to receive information)

Department/Class: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Information should be:  Delivered       E-mailed (excel file only)       or will be picked up

Requested format of information:

Labels                       Printed List                       Excel File

Date Needed: \_\_\_\_\_

Data requested (please be specific on the information needed):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Data Sort Order (if needed):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Reason for request:

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Faculty/Staff signature: \_\_\_\_\_

\*All requests must be approved by the supervising faculty/staff member. Requests will normally be processed within 2 business days.

