

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
Office of Enrollment Management
Ad Hoc Request for Data

Requestor: _____ Date: _____

Department: _____ Ext: _____

Campus Box: _____ Email Address: _____

Check the box or boxes for the type of data you are requesting:

Academic/Enrollment Admission/Prospect Career Development Financial Aid/Student Employment

Have you requested similar information in the past? _____ Preferred Due Date: _____

Please note: The order in which requests are processed depends on date of receipt, degree of difficulty, and availability of data. While we strive to meet requestors' needs, we cannot always guarantee completion by preferred due date. It is advisable to give as much advanced notice as possible, and you may be contacted for clarification of information you have provided.

Purpose of data request:

Select students based on the following criteria:

Display the following fields on the report: (please indicate sort order – e.g. alpha, by college, etc.)

By providing your signature below, you are formally acknowledging that all student information protected under FERPA guidelines will be kept confidential and will not be used for any other purpose besides the one stated in your original request.

Signature of Requestor

Date

Approved By:

Scott Belobrajdic
Assistant Vice Chancellor of Enrollment Management

Date

EM Staff Comments:

Please return to: Office of the Registrar, Campus Box 1047
Rendleman Hall, Room 1207
Fax Number: 618-650-3332