

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? Y N Preferred Due Date: _____ (m/d/yyyy)	
<i>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.</i>	

Purpose of data request: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
Select students based on the following criteria: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
Display the following fields on the report: (please indicate sort order – e.g. alpha, by college, etc.) <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	
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 (m/d/yyyy)

Approved By: _____ Scott Belobrajdic Assistant Vice Chancellor of Enrollment Management _____ Date	EM Staff Comments: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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Please return to: Office of the Registrar, Campus Box 1047
Rendleman Hall, Room 1207
Fax Number: 618-650-3332