

Request Date _____

LABEL/LIST REQUEST (Registrar's Office)

Requestor Name _____ Contact Number _____

Email Address _____ Date Needed _____

Office/Organization _____

Purpose _____

*Any request by a student must also be approved by Nathan P. Thomas _____

Label/List Information

Semester Requested _____ *(Please mention below if you need student information for more than one semester)*

Choose Output information in Label/List:

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Student Name | <input type="checkbox"/> Parent Address | <input type="checkbox"/> Permanent Address | <input type="checkbox"/> Local Address |
| <input type="checkbox"/> Dorm address | <input type="checkbox"/> Part-time student | <input type="checkbox"/> Full-time student | <input type="checkbox"/> Class |
| <input type="checkbox"/> College | <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Major |

Description Of Data Desired or other information you need to put in the label/list: _____

Output format and volume: **Label:** _____ Set of labels **List:** _____ Copy of lists

Sort desired for output: Alphanumeric Alpha with zip Dorm/Room College

Sorted by other information _____

Method Of Delivery Hard Copy Through Intercampus Mail Email Electronic label format
 Excel Or Word Format List Through Email Pick up yourself

Requestor Signature _____

Attention

- Please allow at least 3 days to process each request
- Registrar's Office may create electronic label format file that you can print out yourself in your office
- If labels are printed in Registrar's Office, there will be a charge \$0.25/per page (Each page includes 30 labels)
- Registrar's Office Fax No 677-2715**
- POLICY: This information/labels/lists will not be provided for any off-campus organization.

Request Done/Delivered _____ (Registrar's Office use only)