



Office of Alumni and Development Information Management Data Request Form

Complete and deliver or email to Cathy Dicus (cmdicus@ualr.edu)

Name (required)

Email (required)

Phone (required)

DATE NEED THIS (check one): [ ] REPORT or [ ] LIST BY: \_\_\_\_\_ (required)

Please allow 3 – 5 business days for each request.

Please explain the purpose of your request so that we can best understand your needs.

(Example: Our department would like to send an e-newsletter to all of its alumni.)

[Empty box for explaining the purpose of the request]

Please list the attributes (spreadsheet columns) you would like included on your report output.

(Example: Full name, salutation, email address, degree year and major.)

[Empty box for listing attributes]

Check: [ ] Mailing list and/ or [ ] Monthly report [ ] Weekly report [ ] Daily report [ ] One time report

Check the blocks that apply: [ ] Individuals [ ] Include organizations/companies

IF: [ ] Combined households (select): [ ] Formal combined (Mr. & Mrs. John Doe) and/or [ ] Informal combined (Jane & John)

Check: [ ] Preferred home address and/or [ ] Preferred business address

Check report/list format: [ ] Excel [ ] PDF [ ] Word Need appeal code created: [ ] Yes [ ] No

Miscellaneous: [ ] Include memorial gifts [ ] Other (explain) \_\_\_\_\_

Please indicate which of the following forms of contact you plan to make with the data you are requesting.

[ ] Mail [ ] E-mail [ ] Phone [ ] Visit [ ] Solicit [ ] Internal Use Only

IMPORTANT: Check any groups that should be removed from your list: (If you choose to include these with special handling codes on your report/list, that code will be noted by the record.)

NOTE: All inclusive drop will not be included. [ ] Do not mail [ ] Do not email [ ] Do not phone [ ] Do not solicit

[ ] Deceased [ ] Others (explain) \_\_\_\_\_

NOTE: When requesting a list of donors, please note that donors with giving strictly to KLRE/KUAR will not be included.

We cannot disclose giving information by individual donors to anyone outside of the Department of Alumni and Development as doing so is a violation of our policy. We ensure complete privacy to all our donors. You accept all responsibility for contacting individuals. By submitting this request, you agree to the above statements.

Preparer name/Signature (required)

Date Signed (required)

For Information Management Use Only

Appeal Code \_\_\_\_\_ Date appeal code added to list \_\_\_\_\_

Report Name \_\_\_\_\_

Date Received/Name \_\_\_\_\_ Completed \_\_\_\_\_