



## Data Services Request Form

Please complete this form and return to the Division of Institutional Advancement via

Fax: (803) 536-8429

E-mail: [tthomas50@scsu.edu](mailto:tthomas50@scsu.edu)

or 3<sup>rd</sup> Floor Lowman Hall (Room 320)

*Note: Please allow up to 7 business days for processing your request.*

<b>Requestor:</b>	<b>Department:</b>
<b>Phone/Ext.:</b>	<b>E-mail:</b>
<b>Date of Request:</b>	<b>Date Information is Needed:</b>
<b>Requested Information:</b>	
<b>Output:</b> <input type="checkbox"/> Excel ASCII/Text File <input type="checkbox"/> Report <input type="checkbox"/> Mailing Labels (Requestor is responsible for supplying labels.) <input type="checkbox"/> Other: Description _____	

*Important: Data Services will contact you when information is available.*

### Office Use Only

\_\_\_\_\_  
Receiving Method

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Receiving Signature

\_\_\_\_\_  
Date

Reference Number: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Completed by: \_\_\_\_\_

Sent to: \_\_\_\_\_

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_