



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

or 3rd Floor Lowman Hall (Room 320)

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

| | |
|---|------------------------------------|
| Requestor: | Department: |
| Phone/Ext.: | E-mail: |
| Date of Request: | Date Information is Needed: |
| Requested Information: | |
| Output: <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: _____

