

# Report Request



OFFICE OF THE REGISTRAR  
POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST  
ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦ FAX: (803) 536-8602

**INSTRUCTIONS:** This form is to be used by all persons requesting reports and/or information from the Registrar's Office.

For completion of your report request, please allow five working days from the date received by the Registrar. If there is a problem with processing your request, you will be notified.

Please Print Clearly:

Name (Last, First, M.I.)	Title	Semester <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	Year
E-mail Address	Department		

A. Type of Report: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Purpose of Report: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. Format of Output (List, Labels, etc., *Labels must be provided*). Attach letter of explanation if necessary.

\_\_\_\_\_  
\_\_\_\_\_

If you have further questions, please contact Ms. Ophelia Smith, the Data Coordinator at (803) 536-8826 or [osmith@scsu.edu](mailto:osmith@scsu.edu).

Signature \_\_\_\_\_ Phone# \_\_\_\_\_

***FOR OFFICE USE ONLY***

Date Request Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved:  Yes  No By: \_\_\_\_\_ If no, reason \_\_\_\_\_

Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

**REMINDER: PLEASE ALLOW UP TO FIVE WORKING DAYS TO PROCESS YOUR REQUEST(S). THANK YOU.**