**Report Request**

**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:

<table>
<thead>
<tr>
<th>Name (Last, First, M.I.)</th>
<th>Title</th>
<th>Semester</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FALL</td>
<td>SPRING</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-mail Address</th>
<th>Department</th>
</tr>
</thead>
</table>

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.

Signature ___________________________ Phone# ___________________________

**FOR OFFICE USE ONLY**

**Date Request Received:** _______/_______/_______

Approved: ☐ Yes ☐ No By: ____________________________ If no, reason ____________________________

**Date Processed:** _______/_______/_______ By: __________________

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