



**Valdosta State University
Division of University Advancement
Office of Advancement Services
Authorization for use of Student/Alumni/Friends Data
Data Request Form**

*I hereby declare that the confidential information requested is being used for official university business and only as the requested intent described below. I understand that shadow databases are not permitted and I certify that the data I am requesting will not be used for future mailings. _____ please initial **(Please allow a two week minimum for request to be completed)***

USAGE OF DATA: _____ External projected mailing/usage date: _____
 _____ Internal

Date of Request: _____
Name: _____ Signature: _____
E-mail: _____ Phone/Ext: _____
Department: _____ Title: _____

Brief Description of Request: _____

Request Information

Please check as many boxes as appropriate:

Population Criteria:

_____ Alumni _____ Faculty/Staff _____ Corporation _____ Donors
_____ Others (specify:) _____ _____ Count Only _____ Specific Dates: _____
_____ Include Giving History _____ Specify Giving Amount Greater than: _____

Other criteria necessary to complete request:

Degree Type: (MS, BS, MBA, etc.) _____ Major/College: _____
Class Year Range: _____ Start: _____ End: _____
Counties (Georgia ONLY): _____
Starting Zip Code: _____ Radius (in miles) _____

Output:

_____ Excel _____ CSV _____ Mailing Labels (must be provided, labels will be sorted by Zip Code)

IMPORTANT: Mailing requests will remain open until address corrections are received in Information Systems.

Advancement Services Use Only

Query Name: _____
Export Name: _____ Number Exported: _____
Date Received: _____ Date Completed: _____
Sent to: _____ Date Sent: _____
Completed by: _____
Comments: _____

Biographical and financial records stored in the Division of University Advancement are to be treated as confidential.