

DATA REQUEST FORM - OFFICE OF THE REGISTRAR

RWU Community use ONLY

Allow a minimum of 5 business days for report completion

Name: _____ Dept/School _____ Extension _____
(please print)

Check One:

Report Request

Label Request

REPORT REQUEST DESCRIPTION

List specific semester(s): _____ / _____ / _____ / _____

Check Class Level:

- Freshman
- Sophomore
- Junior
- Senior
- Graduate
- Alumni

Academic Program:

- Day Program
- Continuing Studies Program
- Both Day and Continuing Studies

Do you need counts or names?

- Counts
- Names

If addresses are required, check one:

- Permanent
- Box

List ALL additional information needed. How should it be sorted? *Be as specific as possible.*

LABEL REQUEST

List specific semester(s): _____ / _____ / _____ / _____

Check Class Level:

- Freshman
- Sophomore
- Junior
- Senior
- Graduate
- Alumni

Academic Program:

- Day Program
- Continuing Studies Program
- Both Day and Continuing Studies

Mail to Address:

- Permanent
- Box
- Parents

Account # (required only for labels)

Sort order for labels: _____

Requestor's Signature: _____
Signature authorizes Registrar's Office to charge your account for label requests.

Dean/Dept Head Signature: _____
A dean or department head must sign to authorize any request for data.

Registrar's Office use only below this line

Date Rcvd: _____ Charges: _____

Date Completed: _____ Comments: _____