

DATA REQUEST FORM

Please complete and return this form to Renita Dicks, rdicks@usca.edu Questions may be directed to Renita @ X3334 Please allow up to 5 business days for processing. Be as specific as possible, missing data could delay your report.

General Information:

Date Request Sent: Requested by:			
How will this info	rmation be used?		
Mailing	Cultivation	Contact	Other
 * If the mailing op addresses will be * If the solicitation 	draft of the mailing, if available, (soli tion is selected, all constituents dence included. option is selected, all constituents d from this data request is for Busines	enoted as "Do Not Mail" will be exclud	excluded.
*Be as specific as	possible, incomplete forms will be	e returned	

Please provide an explanation of your request. List all information you wish to see in your report.

(Use a separate sheet and attach if necessary)

Title of Report: _____

Please answer the following questions: Please select at least one: Alumni___ Parents___ Individuals (non-alumnus)___ Faculty/Staff___ Clubs/Assn___ Students___ Corporations___ Foundations___ Do you want to exclude Faculty/Staff who are also Alumni? Yes___ No___ Would you want spouse information listed separately? Yes____ No____ Would you like to include: Foreign Addresses Yes___ No___ Majors/Concentrations to include: _____ Grad Years to be selected: From: ______To: _____To: _____ *If you do not require gift information in your report, you may skip this section Include Gifts____ Gift amounts must be greater than or equal to: \$_____ Gift dates should range between ______ and ______ (MM/DD/YYYY)

For Advancement Services Use Only				
Processor:	Date Received:	Date Completed:		
Report Name:				