

REQUEST FOR STUDENT INFORMATION

Since this request is not handled by our office, but by the Office of the Registrar, a MINIMUM of two weeks is required to process these requests. Please note that student ID numbers are NOT given.

Name of your association: _____ Contact Info: _____

Purpose of Request: _____

Date Needed (min 2 weeks) _____

INFORMATION NEEDED TO APPEAR ON THE EXCEL LIST

Check all additional that apply.

- | | | |
|--------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Grad | <input type="checkbox"/> Phone number | <input type="checkbox"/> International Students |
| <input type="checkbox"/> UGrad | <input type="checkbox"/> E-mails | <input type="checkbox"/> Visiting Students |
| <input type="checkbox"/> Both | <input type="checkbox"/> Names | <input type="checkbox"/> Canadian Students |
| | <input type="checkbox"/> Addresses | <input type="checkbox"/> Quebec Students |
| | <input type="checkbox"/> Departments | <input type="checkbox"/> All students |
| | <input type="checkbox"/> Faculty | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Majors | |
| | <input type="checkbox"/> Minors | |
| | <input type="checkbox"/> Other: _____ | |

FACULTIES REQUIRED:

- Arts & Science
- Commerce & Administration
- Engineering & Computer Science
- Fine Arts
- Independent

REGISTRATION SESSION:

- Summer
- Fall
- Winter

DEPARTMENT REQUIRED:

Please Specify: _____

Special Directives: _____

AUTHORIZATION SIGNATURES:

President of Association

Dean of Students Office