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. <u>Please note that student ID numbers are NOT given.</u>

Name of your association: _____ Contact Info: _____

Purpose of Request: _____

Date Needed (min 2 weeks) _____

INFORMATION NEEDED TO APPEAR ON THE EXCEL LIST

Check all that apply.

☐ Grad
☐ UGrad
☐ Both

☐ Phone number
☐ E-mails
☐ Names
☐ Addresses
☐ Departments
☐ Faculty
☐ Majors
☐ Minors
☐ Other: _____

☐ International Students
☐ Visiting Students
☐ Canadian Students
☐ Quebec Students
☐ All students
☐ 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

_____ Office of Student Life and Engagement