

DATA REQUEST FORM

Division of University Advancement

Office of Advancement Services

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Phone: (229) 219-3198

Comments	
*Today's Date:	*Project Name:
*Your Name	*Email:
*Phone	*Department:
*Brief Description of Request:	
*Criteria for the List:	
Criteria	
Target Audience: Alumni Faculty/Staff	Board Members Other:
Solicitation? Include Soft Credits? Individual or Married Addressee? Merge Households?	
Other Possible Criteria:	
List Fund Names:	
Giving Capacity (ex. donor has given \leq or \geq \$5,000):	
Gift Date Range (ex. donor has given in the last two years):	
Organizations (ex. ROTC, greek life, dance):	
Sport(s)/ Year(s) Played:	
Degree Type: Major/College:	Class Year/Range:
Location/Area (ex. counties/cities):	Radius (in miles):

Please choose which type of request and fill out the corresponding boxes: **Mailing:** Amount of mail pieces: Addressee: **Due Date: Mailing criteria:** Who will be paying for the postage? Who will be printing the mailings? Who will be printing the labels? Who will be stuffing the envelopes? Please attach a word document with the exact format and written text **Email:** for the email you wish to send. eBlast date(s): **Email criteria:** From Name: From Email: Reply Name: Reply Email: Subject of Email: Call List: Due Date: Who will be calling? Purpose of calling? 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 certify that the data I am requesting will not be used for future mailings. (Allow a two week minimum for request to be completed) *Please initial **Print or Save As PDF ADVANCEMENT SERVICES USE ONLY** Number Exported: **Query Name: Export Name:** Date Received: Date Completed: