



# ARKANSAS ALUMNI ASSOCIATION

## REPORT REQUEST APPLICATION

DATE OF REQUEST: \_\_\_\_\_

DATE INFORMATION NEEDED: \_\_\_\_\_

REQUESTED BY: (DEPARTMENT/COLLEGE/ORGANIZATION NAME) \_\_\_\_\_

FOR WHAT WILL THIS DATA BE USED: \_\_\_\_\_

### OPTIONS

LIST \_\_\_\_\_ LABELS\* \_\_\_\_\_ DATA FILE\*# \_\_\_\_\_

DESCRIPTION OF INFORMATION NEEDED (i.e. Accounting and Finance majors, etc.)  
Please supply major codes both current and historical in order for your list to be accurate.

ALL ADDRESSABLE RECORDS \_\_\_\_\_

ALL LIVING, INCLUDING NON-ADDRESSABLE(LOST) \_\_\_\_\_

EVERYONE (INCLUDING DECEASED & LOST) \_\_\_\_\_

**\* Labels and Data files will exclude anyone who has requested to be removed from our mailing list**

**# Data files are limited for approved circumstances only**

GRADUATION YEAR RANGE (i.e. all years, last 10 graduating classes, etc.) \_\_\_\_\_

IN WHAT ORDER WOULD YOU PREFER TO RECEIVE YOUR INFORMATION?

ALPHA \_\_\_\_\_ ALPHA BY YEAR \_\_\_\_\_ ALPHA BY ZIP \_\_\_\_\_

All requests for lists labels and/or data files must be requested 10 working days prior to the data needed. If an applicable mailing yields any updated address information, please share promptly with the Alumni Office to insure that records remain as up-to-date as possible for future mailings. A copy of the actual mailing must be reviewed and cleared by the Alumni Office at the time the request is made, or prior to receiving the data.

**I HAVE READ AND AGREE TO ABID BY THE ARKANSAS ALUMNI ASSOCIATION RECORDS RELEASE POLICIES.**

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Please mail or fax this request to: Terri Dover PO Box 1070 Fayetteville, AR 72702 FAX: (479) 575-5177

Email questions or comments to Terri Dover at [tdover@uark.edu](mailto:tdover@uark.edu).