

# REQUEST FOR REPORT

(Student/Course Information)



Submit SIGNED request to:

**Daphne Davis, Assistant Registrar, Student Systems**

121A White Hall

Phone: (315) 792-3199, fax: (315) 792-3020

**OFFICE OF THE REGISTRAR**

(for office use)  approved by Registrar  logged  completed

Date of request: \_\_\_\_\_ Date needed: \_\_\_\_\_  
*Please allow sufficient time to SCHEDULE & process your request (DO NOT PUT "ASAP")*

Name of requestor: \_\_\_\_\_

Dept/School: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- Report Type:**  Listing of students  Listing of courses  Summary report (count)  
**Run Again?**  Fall  Spring  Every Term  After Drop/Add  Other: \_\_\_\_\_  
**Sort Order:**  Major  Name  ID  Other: \_\_\_\_\_  
**Select Term:**  Current academic term only  Include other terms: \_\_\_\_\_  
**Student Type:**  Degree Seeking (matriculated)  Non-degree (non-mat)  All  Does not apply  
**Student Level:**  Undergraduate only  Graduate students only  Both  Does not apply

Purpose of Report:

Description of Report:

**Output type:**  PDF  Spreadsheet  Labels

**Include the following information (if appropriate or required to select students for your report):**

- Student ID  Name  
 Campus (specify): \_\_\_\_\_  Degree(s) (specify): \_\_\_\_\_  
 School (specify): \_\_\_\_\_  Major(s) (specify): \_\_\_\_\_  
 GPA  Over/under/range (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

**NOTICE:** The data contained in this report of student information may contain personally identifiable information that is legally protected by the Family Educational Rights & Privacy Act of 1974 (FERPA). All College employees who access this information must make every effort to store student data in a secure and confidential environment. Only faculty, administrators, & staff employed by Utica College who demonstrate a genuine need to know based on a legitimate educational interest may have access to a student's records. The contents of this report should not be shared with anyone who does not have a legitimate, demonstrated need to know the information contained herein. **Once you have completed use of this information, you are required to destroy it.**

Authorized by: \_\_\_\_\_

Department Chair  School Dean  
**(signature of Dept. Chair or Dean of your School is required)**