

## 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 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