



## Request for Academic, Personal, or Statistical Data Ad-Hoc Reports

Your request will be reviewed in light of the *Family Educational Rights and Privacy Act of 1974*, as amended. All requests will be processed as expeditiously as possible in the order in which they are received. Requests submitted during a high priority of other deadlines during the term may take longer to process. Please complete the form below and then email your completed form to: [lucille.calore@providence.edu](mailto:lucille.calore@providence.edu).

From: \_\_\_\_\_ Dept/Office: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate level of population:  UG  SCE  GR

Attributes:  Student Athletes  Liberal Arts Honors  International Students  Other \_\_\_\_\_

**Data Requested:** (Please check appropriate boxes)

- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input type="checkbox"/> Student Name     | <input type="checkbox"/> Address        | <input type="checkbox"/> Friar Box            | <input type="checkbox"/> PC Email    |
| <input type="checkbox"/> Personal Email   | <input type="checkbox"/> Parent Email   | <input type="checkbox"/> Majors               | <input type="checkbox"/> Minors      |
| <input type="checkbox"/> Home Phone       | <input type="checkbox"/> Cell Phone     | <input type="checkbox"/> Class Rank           | <input type="checkbox"/> GPA         |
| <input type="checkbox"/> Conferred Degree | <input type="checkbox"/> Pending Degree | <input type="checkbox"/> Diploma Hold         | <input type="checkbox"/> Dean's List |
| <input type="checkbox"/> Parent Name      | <input type="checkbox"/> Parent Address | <input type="checkbox"/> Other: _____         |                                      |
|   |   | <input type="checkbox"/> Class Year(s): _____ |                                      |

Transcript Request: Dept. \_\_\_\_\_ Major/Minor \_\_\_\_\_ Class Year \_\_\_\_\_

Degree Audit Request: Dept. \_\_\_\_\_ Major/Minor \_\_\_\_\_ Class Year \_\_\_\_\_

**Reason for Request:** (Please be thorough)

\_\_\_\_\_  
\_\_\_\_\_

**Format:** (Please check appropriate box)

Printout will full Banner IDs picked up at Registrar's Office

Excel Spreadsheet with last 4 digits of Banner ID through email

**Signature and Title of Requestor**

**Date**

**OFFICE USE ONLY:**

Approved  Denied  Returned for Additional Information

Explanation: \_\_\_\_\_

**Lucille A. Calore**

**Senior Associate Registrar**