

Requestor's Name: _____

Phone: _____

Department/College/ School: _____

Date of Request: _____

E-Mail Address: _____

Project Deadline: _____

Output Desired:

- Print – Standard output for reports
- Excel – Needed for bulk rate mailing or mail merges
- Labels – Will call when available at EAC

Constituent/Organization Information (check all that apply):

- Show spouses together, Mr. & Mrs. (invitations, event mailing, etc.)
- Show spouses separate (surveys, graduation information, etc.)
- Include organization contact

Information Requested (check all that apply):

- | | |
|-----------------|--------------------|
| Mailing Address | Graduation year |
| Phone Number | Degree information |
| Email address | Other _____ |

Type of Request:

- Solicitation Outreach (attach Solicitation Request Form)
- Name of Solicitation: _____
- Non-Solicitation Outreach
- Internal Report

PURPOSE OF REQUEST:

Note: All individuals requesting information from the FSF database are required to complete a FSF Confidentiality Agreement.

Signature of Requestor

Confidentiality Agreement on file with FSF? Yes No

If marking no, please attach a completed FSF Confidentiality Agreement to this form.

Signature of Dean, Director or VP

Printed Name of Dean, Director or VP

Date

- All lists requesting email addresses, phone numbers or giving information must be approved before distribution.
- Use of this list to build an internal database is prohibited.
- Information from the database is cleaned every 90 days, therefore information received will become invalid at a certain date, which will be provided if the list request includes mailing information.
- If you are using this list for solicitations, all solicitations must be coordinated with the Foundation and a Solicitation Request Form completed.
- Any information gathered as a result of the mailing (bad addresses, email updates, etc.) should be forwarded to the Foundation within 30 days of receipt, in order to maintain current information.
- **Information provided on the list is property of the Fairmont State Foundation, Inc., is to remain confidential and is not to be shared without prior written approval.**

FOUNDATION USE ONLY	Campaign _____	Appeal _____	Package _____	Fund _____
Approved by: _____		Date: _____		Prepared by: _____
				Date: _____