

Faculty Data Request Form

Name: _____ Department: _____
 Position: _____ Phone: _____ Email: _____

Date Required:

Reason for request:

Please provide a detailed explanation of why you require the data, what it will be used for and who it will be distributed to.

***Please note that your submission will be prioritized based on the urgency and nature of the request so please be as detailed as possible. If sufficient detail is not provided your request will not be processed and you will need to submit a new form**

***Details of data needed (please check all fields that apply)**

First Name	Part Time
Last Name	Full Time
Primary Department	Rank
Start Date	Address
End Date	Phone Number
Appointment Category	Email
Other:	