

Report Request



OFFICE OF THE REGISTRAR
POST OFFICE BOX 8104 ✦ 300 COLLEGE STREET, NORTHEAST
ORANGEBURG, SC 29117-0001 ✦ (803) 536-7185 ✦ FAX: (803) 536-8602

INSTRUCTIONS: This form is to be used by all persons requesting reports and/or information from the Registrar's Office.

For completion of your report request, please allow five working days from the date received by the Registrar. If there is a problem with processing your request, you will be notified.

Please Print Clearly:

Name (Last, First, M.I.)	Title	Semester <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	Year
E-mail Address	Department		

A. Type of Report: _____

B. Purpose of Report: _____

C. Format of Output (List, Labels, etc., *Labels must be provided*). Attach letter of explanation if necessary.

If you have further questions, please contact Ms. Ophelia Smith, the Data Coordinator at (803) 536-8826 or osmith@scsu.edu.

Signature _____ Phone# _____

FOR OFFICE USE ONLY

Date Request Received: ____/____/____

Approved: Yes No By: _____ If no, reason _____

Date Processed: ____/____/____ By: _____

REMINDER: PLEASE ALLOW UP TO FIVE WORKING DAYS TO PROCESS YOUR REQUEST(S). THANK YOU.