

**UAF ADVANCEMENT SERVICES
RAISER'S EDGE DATA REQUEST FORM**

Department Name _____

Date of request _____

Contact Person _____

E-mail Address _____

Phone Number _____

(where file should be sent)

-
1. When do you need this report? Please list an actual date, not "ASAP." **You must allow at least two weeks for your request to be fulfilled.** _____
If a preliminary quantity will be needed for printing a large mailing, indicate that date _____
 2. Please give a detailed description of the data needed (e.g. all SOM alumni--specify graduates only or graduates and matriculates--all donors to a certain scholarship, all female administrators, etc.)

 3. How will the data be used? Be specific (e.g. mailing a flier, emailing an invitation to an event, etc.--if for fundraising purposes, you must obtain approval of your fundraising materials from the Development Office before we will release the data to you; contact x2619)

 4. Data requests are provided in Microsoft Excel format from which you can mail merge into letters, labels, etc. Please complete this section so we know what specific fields to provide to you. Not all data is available for every constituent; we will do our best to provide what you request.

Individuals Organizations Both

Name: Indicate type (choose one below – some constituents have specified a preferred name, we will provide that to you then the remainder in the format you choose)

Formal combined "Mr. and Mrs. David Smith" Formal singular "Mr. David Smith"
 Informal combined "Dave and Ann Smith" Informal Singular "Dave Smith"

Include same salutation type as selected above (Formal: Mr. and Mrs Smith, Informal: Dave and Ann)

Include other salutation (specify type): _____

If singular, use combined name if both spouses are pulled (one to each household)

Address(es) preferred (regardless of whether it's home or work)
OR home
OR work

Phone(s) home
 work

Email(s) home
 work
 UAF

Education information

Major Degree Graduating year (or preferred class year if not a graduate)

**UAF ADVANCEMENT SERVICES
RAISER'S EDGE DATA REQUEST FORM**

For organizations, specify contact types to include:

- UAF
- Scholarship
- Museum

For organizations, specify # of contacts wanted (if more than one available)

- 1
- All (for types selected above)
- Other: _____

Remove organization from mailing list if no contact is available

5. Other information:

Zip-code ranges (determines geographic area selected) - please be specific: _____

Grad years to include? _____

Any other special instructions? _____

6. Please **list below** the particular academic majors and degrees to include. Please note that in past years many different degrees were given for the same major and many majors have been renamed - be sure and include all degrees and majors.

Contact Advancement Services for more information at x6402.

Send request to: Advancement Services, PO Box 757530, fax to x1975 or send via e-mail to UAFaddress@uaf.edu.

OFFICE USE ONLY:

Query Name: _____

Export Name: _____

Final file location on server: _____

Completed by: _____

Date completed & sent: _____

Note: Advancement Services is not responsible for how data is used, nor further distribution thereof. The database is updated on a daily basis. Please do not reuse any data provided as a result of this request. You must request refreshed data before using again. A.S. Form updated 7/2/08