

CAMERON UNIVERSITY - OFFICE OF ALUMNI RELATIONS

Alumni Information Request

Please allow at least one week for completion

Department Requesting Information:

Date Requested:

Date Needed:

Person Making Request:

Office Ext.:

State specifically how information requested will be used:

*****NOTE: By signing this form, you agree to restrict use of data to official Cameron University business and to maintain the confidentiality of all data received. If information will be used for fund raising or merchandising efforts, request must receive the approval of the Vice President for University Advancement.**

Information on Individual Graduate. Specify information needed:

Report(s) for Cameron Graduates.

Information needed (address, phone, email, etc.):

Semester-Year(s):

Major(s):

Affiliation(s) & Award(s):

Other Request (Additional time may be required for completion).

Please state the specific information requested:

SIGNATURES: **READ NOTE ABOVE BEFORE SIGNING.

Person Making Request

Approving Authority (Department Chair, Etc.)

Director of Alumni Relations

VP for University Advancement (if use is fund raising)

Send Request To: Office of Alumni Relations
Admin. Bldg., Room 145, Ext. 2988