

REQUEST FOR REPORT



Submit SIGNED request to:

Mrs. Sylvia Wynne

JSU Box 17147

Phone: 601.979.2615, fax: 601.979.9307

For office use only

Researcher Assigned _____

Date Completed _____

Date of Request: _____

Date Needed: _____

Please allow sufficient time for processing your request (DO NOT PUT "ASAP")

Name of Requestor: _____

Department/College: _____

Phone: _____

E-mail: _____

Report Type:

- ☐ Students ☐ Courses ☐ Summary Report ☐ Faculty ☐ Staff
☐ Other _____

Repeat Request?:

- ☐ Fall ☐ Spring ☐ Every Term ☐ After drop/add ☐ Other _____

Sort Order:

- ☐ Major ☐ ID (J#) ☐ Department ☐ Other (specify) _____

Select Term:

- ☐ Current Semester Only ☐ Include Other Semesters: (specify) _____

Student Type:

- ☐ Degree Seeking (declared) ☐ Non-degree ☐ All ☐ Does Not Apply

Student Level:

- ☐ Undergraduates Only ☐ Graduate Students Only ☐ Both ☐ Does Not Apply

Is this report for conducting a survey? ☐ Yes ☐ No

If yes, have you received approval from the University IRB? ☐ Yes ☐ No

Purpose of Report: _____

Description of Report: _____

Is this report to be shared with others? ☐ Yes ☐ No

If yes, with whom? _____

Include the following information (if appropriate for your request):

☐ Student ID ☐ Name ☐ College _____

☐ Degree(s) (specify) _____

☐ Majors (specify) _____

☐ GPA (select over/under/range) _____

☐ Classification _____

☐ Other _____

Check these ONLY if you need to contact students:

☐ E-mail address (JSU e-mail only) ☐ Mailing Address ☐ Phone

NOTICE: The information contained in this report of student information may contain personally identifiable information that is legally protected by the Family Educational Rights and Privacy Act of 1974 (FERPA). All University employees who access this information must make every effort to store student data in secure and confidential environment. Only administrators, faculty and staff employed by Jackson State University who demonstrate a genuine need to know based on a legitimate educational interest may have access to a student's record. A legitimate educational interest will be limited to an interest arising from the faculty/staff member's fulfillment of his/her assigned responsibilities, and disclosure will be limited to such information as is necessary to fulfill those responsibilities. The contents of this report should not be shared with anyone who does not have a legitimate, demonstrated need to know the information contained herein. Official student, program, college, department, faculty, and staff statistics should only be obtained and released with guidance from the Office of Institutional Research & Planning. Once you have completed use of this information for the purpose described above, it should be destroyed.

Authorized by: _____

(☐ Department Chair, ☐ Director, ☐ Dean, ☐ Vice President)

Signature of supervisor is required before request can be processed.