REQUEST FOR REPORT

Submit SIGNED request to:
Rosella L. Houston
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.