Request for Information

When someone (faculty, staff, emeriti, alumni, or friend) requests information about SUNY Cobleskill alumni/constituents, they should fill out a request for information form (see below). On that form they should indicate the clear purpose for requesting and using the information. Information can be shared for College sponsored or approved events or activities. All released information (i.e. names, addresses, telephone numbers, giving history, etc.) should be considered personal and confidential and will not be used for any other purpose other than the approved purpose. When the project is complete, all confidential information will be returned to the Office of College Advancement or be permanently destroyed/shredded.
OFFICE OF COLLEGE ADVANCEMENT

Request for Information

Name of person requesting information: ____________________________________________

Date of request: _______________________

Information needed by: _______________________

Requester’s relationship with SUNY Cobleskill (if alumni please include class year): _______________________

Please describe the specific information you are requesting: _______________________

______________________________________________________________________________________

How will this information be used? __________________________________________________________

Your signature below indicates that you understand provided information is personal and confidential. You agree to maintain confidentiality and use the information only for the sole purpose stated above. Upon completion of the project you will return any hard copies of information to the Office of College Advancement. Electronic information will be destroyed.

REQUESTOR’S SIGNATURE: ________________________________________________________________
DATE: ______________

OFFICE OF COLLEGE ADVANCEMENT APPROVAL:

Alumni Relations and Annual Fund Director: ______________________________________________
Date: ______________

Chief Advancement Officer: _____________________________________________________________
Date: ______________