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## OFFICE OF COLLEGE ADVANCEMENT

### 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.



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### 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: \_\_\_\_\_