

UNCP Office of Advancement

Contact List Request Form

Please allow up to ten business days per request. Please save as a new file and email to bryan.partner@uncp.edu.

Report Name: _____
Person making request: _____ Title: _____
Department/School: _____ Phone: _____ Email: _____

Purpose: Mailing/Invitation List Other (please specify) _____

Brief explanation of request:

Example: A mailing list of alumni who graduated with a degree in nursing

GENERAL CRITERIA

Constituent Type Alumni Board _____ Friends _____ Faculty/Staff _____ Other _____

Include Individuals Only Organizations Only Individuals and Organizations

Exclude (please check all that should be excluded)

No Valid Address Do Not Mail Do Not Phone Do Not Email
No Contact No Alumni Communications

OUTPUT FIELDS

Constituent Information

Name
Primary Addressee/Salutation
Primary Mailing Address
Primary Phone
Primary Email
Employment Information

Alumni Information

Class Year
Degree
Major
College/Department
Sports Participation
Fraternity/Sorority

Advancement Services releases information regarding constituents to official University academic/administrative units. Such confidential information is to be used for official University purposes only. By signing this form, I certify that the above request is for an officially recognized University program or activity and will be used only once. All versions of this data, both electronic and paper, will be destroyed within 30 days of use. Furthermore, mailing labels cannot be distributed or used by outside commercial concerns or firms. I understand and assume full responsibility for the receipt and proper use of this confidential information.

Signature: _____ Date: _____