

Request for Alumni Information Form

If payment is required, it must be paid at the cashier window before receipt of file or labels. Files will be supplied to you in Excel format. One file will be provided free of charge to organizations every 30 days. Each additional file request will be charged a \$25 fee for processing. Please allow 4-10 days for most requests.

Please print clearly:

Name _____ Phone _____

E-mail _____

Organization _____

Output desired:

- E-mail (no charge)—Needed if you plan to send Bulk Mail through Campus Mailroom
 Labels (\$.04 per name)—Will call when available for pickup in MC 205

List to include all class years:

- Yes
 No/Designate class years to include: _____

Include deceased, bad and/or foreign addresses:

- Yes
 No

Please check **one** of the following options (select one option):

- Show spouses together (for invitations, mailings, etc.)
 Show spouses separately (surveys by degrees, affiliation, etc.)

Information requested: (check all that apply):

- Graduation year
 Mailing address (sorted by zip code)
Bulk Mail Reminder: It is your responsibility to run the information you receive through the Mailers+4 program that is required by the US Post Office for bulk mail discounts before mailing labels are printed.
 Phone number—sorted in alpha order by last name
 Email address—sorted in alpha order by last name
 Degree information—sorted in alpha order by last name

How will the list be used: _____

(A copy of the material being distributed must be attached to this sheet.)

Details concerning the request:

I agree that the file supplied to me is only for the one-time agreed upon purpose, and I agree the file will be deleted after the stated purpose is accomplished. Email addresses will always be sent Blind Carbon Copy (BCC) to protect privacy. Any information gathered as a result of mailings or alumni contacts (for example: bad addresses, address & email updates, etc.) will be passed on to the Advancement Office in order to help maintain current information. I understand that I cannot divulge, disseminate, or sell any information and that I may be held liable for violations of this agreement.

Signature of requester

REQUIRED: Applicable Dean or Faculty
Advisor Signature

Print name & phone number of requester

Please send alumni address updates or any other new alumni information to the Advancement Office (McClain Hall 205) so we can update our records. Thank you!

Fax this form and support materials to the Advancement Office at fax number (660) 785-7519

Questions: Contact Diane Bloskovich, (660) 785-4125, dblosko@truman.edu