

Data Request Form

CSUEB - University Advancement Raiser's Edge Database
(Please allow seven [7] working days per request)

Requested By: _____ **Department/College:** _____
Email Address: _____ **Telephone/Ext:** _____
Date Submitted: _____ **Date Needed:** _____

Description and Purpose for Request. Please indicate if there is a solicitation Yes No

<p>1. Request Type:</p> <p><input type="checkbox"/> Report/Data File <input type="checkbox"/> Invitations <input type="checkbox"/> Mailing/Newsletter</p> <p>2. Report Information:</p> <p><input type="checkbox"/> Preferred Address & Phone <input type="checkbox"/> Primary Business Address & Phone <input type="checkbox"/> All Additional Phone Numbers <input type="checkbox"/> Preferred Email Address <input type="checkbox"/> Total Giving <input type="checkbox"/> Rating Information <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p>3. Sort By:</p> <p><input type="checkbox"/> Last Name <input type="checkbox"/> Zip Codes <input type="checkbox"/> College/Department <input type="checkbox"/> Class Year <input type="checkbox"/> Gift Amount <input type="checkbox"/> Other: _____</p> <p>4. Geographic Areas:</p> <p><input type="checkbox"/> U.S.A. <input type="checkbox"/> Foreign Countries Specify: _____</p> <p>5. Group Needed:</p> <p><input type="checkbox"/> Alumni <input type="checkbox"/> Donors <input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Corporate/Foundation</p> <p>Specify: _____</p>	<p>6 - 8 To be filled by UA Staff Only</p> <p>6. Head of Household Processing</p> <p><input type="checkbox"/> HofH <input type="checkbox"/> Single <input type="checkbox"/> Include Both Const Separately</p> <p>7. Status of Records: Select Omit</p> <p>Active _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Inactive Constituent _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Deceased _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Do Not Contact _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>No Phone Solicitation _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>No Publications _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>No Solicitation _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Annual Solicitation Only _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>8. Type of Gifts: Select Omit</p> <p>Cash _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Pay-Cash (Pledge Payments) _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>MG Pay-Cash (Pledge Pymt) _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Pledge _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Stock/Property _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Pay-Stock/Property _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Gift-in-Kind _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>MG Pledge _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Recurring Gift Pay-Cash _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Planned Gift _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>_____ <input type="checkbox"/> <input type="checkbox"/></p> <p>_____ <input type="checkbox"/> <input type="checkbox"/></p> <p>_____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Other: _____</p>	<p>9. Gift Information:</p> <p>Amount: _____ From: _____ To: _____</p> <p>Gift Period(s): From: _____ To: _____</p> <p>Gift Designated to: _____</p> <p>Fund Number(s): _____</p> <p>College(s) / Department(s): _____</p> <p>10. Degree Information:</p> <p>College(s) _____</p> <p>Department(s) _____</p> <p>Degree Year(s) _____</p> <p>Degree(s) Earned _____</p> <p>Major(s) _____</p> <p>11. Delivery Method</p> <p><input type="checkbox"/> E-mail Excel Spreadsheet <input type="checkbox"/> E-mail in .csv Format <input type="checkbox"/> FTP</p>
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The Records maintained in the California State University, East Bay's Raiser's Edge Database are personal in nature and are protected by the Privacy Act of 1974. Information will be released to authorized faculty and staff for activities that support the educational mission of the University. Requests must be approved by the Vice President, University Advancement or authorized designee. The released information is to be used one time only for the stated purpose. Information will be provided to you within 7 business days of receipt.

Signature: _____ Title: _____ Date: _____