

Amarillo College
DATA REQUEST FORM

Please fill out the form below to submit your request for lists and labels. Return this form:

By Fax: (806)371-5066
By E-mail: registrar@actx.edu
By Mail: Office of the Registrar
P.O. Box 447, Amarillo, TX 79178

Name: _____ Phone: _____

Title: _____ E-mail: _____

Department/Organization: _____

Address: _____

Data will be provided via Excel. To receive information in a different format, please include requested form and justification for such below:

Request date: _____ Date needed: _____
(Remember to allow 2 weeks for processing. We will try to process your request as soon as possible within this time frame.)

Define your selection criteria. What population of students do you want? i.e. all students, freshman, sophomores, cum GPA 3.5 or greater, grade distribution reports, etc. _____

What information/data fields do you want included? Please be specific. I.e. name, semester, major code/name, academic levels, local or permanent address, etc. _____

How do you need this information sorted: (ex. alphabetically, by zip code, by major) _____
If you are planning to bulk mail, check here

Describe what the request will be used for. Be specific. _____

Important: AC adheres to the Federal Educational Rights and Privacy Act of 1974 that protects the rights of students and provides guidelines for the proper release of student educational records. Certain students have asked that their directory information not be given out to the public.

Any list information you receive may not be copied or used for anything other than the purpose stated on this form. The information may not be given to a third party. Any information you receive on a disk or in electronic format must be deleted when you are finished.

Signature of requestor: _____ Date: _____

Approval of Registrar's Office: _____ Date: _____

Questions? Call us at (806)371-5030