Information Request Form
Office of Assessment and Institutional Research
Phone: (985) 448-4006 • Fax: (985) 448-4308

Name: ___________________________ Department: ______________________

Phone: (_____)_____-_______ Fax: (_____)_____-_______

NSU Email Prefix: _________________ Personal Email: _________________

Date Requested: _____/_____/_____
Date Due: _____/_____/_____

**Please allow ample time for completion**

Is this a regular request? □ Yes □ No

If so, how often? □ BOT □ EOT □ Annually □ Semester

Information needed for: ______________________________________________________________
(Ex. Accreditation, Survey, Annual Report, etc.)
**Please include copies of any forms and instructions related to request.

How would you like your request returned? □ Inter-office Mail □ Email □ Fax

Data requested from: ____________________________ Semester(s)
____________________________ Year(s)

□ Academic □ Calendar

Special Instructions: ___________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Request: __________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Office Use Only
Request ID: _________________
Work Completed By: ____________________________ Date Completed: ___/___/_____