

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_