

Office for Philanthropy Development House 700 Pelham Road North Jacksonville, AL 36265

Request for Alumni Contact Information

Requestors Name	Email	Date	
Department Name	Dean, Chair or Dep	Dean, Chair or Department Head Name	
Date you plan to use the requested information (mail date, e-newsletter date, conference call of			
Protecting the privacy of alumni and donor ethical fundraising practices. Respecting all ethical standards, but also fosters a positive encouraging continued support.	umni and donor privacy not	only adheres to legal and	
Briefly describe why you need this inform	ation and how you plan to u	tilize it.	
I understand the legal and ethical standonly use the information provided as I describ	•	act information and I will	
I understand that if provided to me, I above. If I have an additional project or need a will submit a new request.			
Requestors signature	Date		
Approved by:			
Kelli J. Holmes Associate Vice President for Philanthropy	Date		