

**UNIVERSITY OF CENTRAL ARKANSAS
DIVISION OF UCA ADVANCEMENT**

List Request Form

Description of list needed:

Purpose for List: *(If the requested list is to be used for solicitation purposes, please notify the VP of UCA Advancement.)*

6 digit CIP or Major Codes:

Date list is needed:

*Please allow at least two weeks from the time this request is received for the completion of the list.
Records are continually being updated. We advise all departments to request a current list before each mailing.*

**Check all information needed: Name Address Email Address Class
Year**

List will be provided in zip code order unless requested otherwise.

By signing below I attest that I have read, understood and agree to abide by the [Data Release Policy](#) of the UCA Division of UCA Advancement.

Requestor (please print)

Date

Department

Phone

Email address list to be sent to

VP or Dean Name

VP or Dean Signature

Return this form to the UCA Database Coordinator at UCA Buffalo Alumni Hall

OFFICE USE ONLY

Date Received: _____

Approved: _____

VP of UCA Advancement

Fax to: 450-5293