New Mexico Institute of Mining & Technology
Office of the Registrar - Request for Data

**Requester Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Semester</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First)</td>
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Department ___________________________ Building ____________ Office Number _________

Email Address ___________________________ Phone Number ____________

Delivery Method:

- [ ] I will pick up Data Requested at the Registrar’s Office.
- [ ] Fax to ___________________________
- [ ] Campus Mail to ___________________________
- [ ] Other ___________________________

- Depending on the nature of the request and/or time during the semester; turn around can be up to two weeks or longer.
- Depending on the data requested, your options of delivery may be limited for pick up only.
- No off campus addresses please.

**Request Information**

Nature of Request: ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Reason for Request: __________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature __________________________________________ Date ______________________

(Required)

**Office Use Only**

Registrar Approval: YES / NO Data Confidential: YES / NO

Expected Turnaround Date _______________ Collector Name __________________________

Registrar Signature __________________________ Collector Signature ________________