



CONSTITUENT INFORMATION REQUEST

Confidentiality Agreement:

By checking this box I agree to use the requested information only for the reason shown below and will not share this information with anyone else.

Date of Request:

Name:

Email Address:

Phone:

Development Office Contact (if any):

Requested Delivery Date: (please allow 2 weeks lead time)

Purpose of the Request/type of communication (ie: newsletter, reunion invitation, donation request):

Communication Vehicle (ie: postal mail, email, phone):

Expected date the communication will be sent:

Who would you like to see on your list?

Example: Class of 1978, Alumni within 50 miles of Albion, History majors, Fraternity Alumni, Parents of Equestrian Team Members, etc.

We will return the following information based on your request:

Name, Maiden Name, Combined Name of Couple, Home Address, Class Year, Primary Phone, Preferred Email, Salutation

If you would like additional information list it here:

If a constituent has asked to be excluded from a particular mode of communication, that information will not be included in your list. If you are sending an email to constituents and some have asked to be excluded from email communication, they will not appear on your list. If you request both mail and email then the excluded information will not appear.

Your list will be sent as a PDF. If you would like it sent as a Word document or an Excel spreadsheet for merging please indicate that here.

Please return this form to advops@albion.edu. If you have questions regarding your request you may also contact Institutional Advancement at [517/629-1835](tel:5176291835) or advops@albion.edu.