



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

Requester Informtaion

Name _____ <small>(Last)</small> _____ <small>(First)</small>	Date _____	Semester _____	20 _____
Department _____	Building _____	Office Number _____	
Email Address _____	Phone Number _____		
Delivery Method:			
<input type="checkbox"/> I will pick up Data Requested at the Registrar's Office.			● Depending on the nature of the request and/or time during the semester; turn around can be up to two weeks or longer.
<input type="checkbox"/> Fax to _____			● Depending on the data requested, your options of delivery may be limited for pick up only.
<input type="checkbox"/> Campus Mail to _____			
<input type="checkbox"/> Other _____			● 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 _____	