

SCHOOL INFORMATION REQUEST

A. Requestor Information

Full Name _____ Birth Date _____

Address _____

Phone Number _____ Email Address _____

B. Data Request and Format

i. Information Requested (*ex. 1970 class list*) _____ School _____

Reason for Request (*ex. class reunion*) _____

ii. Fields to include (circle one or more): First Name/Last Name, Addressee, Salutation, Maiden Name, Spouse
First Name, Address, Phone Number, Email Address, Graduation Year

Other: _____

iii. Data format (circle one or more): CSV, Excel, Labels Other: _____

C. Use of Information

Timeframe in which information will be used (*ex. 12/2015-6/2016*) _____

Specific use of information (*ex. reunion invite by mail*) _____

D. Distribution of Information

Information requested will be shared by the requestor with the following individuals/groups as follows:

<u>Individual or Group Name</u>	<u>Purpose</u>	<u>Format</u>
<i>Ex. Jane Smith</i>	<i>Help with reunion planning</i>	<i>Email</i>
_____	_____	_____

(List additional individuals/groups on back of form or on additional page)

I certify that I am the individual listed in Part A and a photocopy of my driver's license has been attached hereto. I am making this request per the reason(s) provided in Part B. I agree to use the information requested in Part B per the parameters I have provided in Part C. I understand that this information is sensitive and will be shared only with the individuals or groups listed in Part D. I understand that this authorization may be revoked or denied at the discretion of the Principal, the Superintendent for Catholic Schools or the Managing Director, The Catholic Foundation. This authorization will expire at the end of the timeframe provided in Part C.

Request Date _____ Information Needed Date (*please allow two weeks from date received*) _____

Requestor Signature _____ Date _____

Direct questions and completed form with driver's license copy to Meghan Kerr:
mkerr@dioceseofgreensburg.org 723 E. Pittsburgh Street Greensburg, PA 15601 724-552-2593

Office Use Only

Principal _____ Date _____

Superintendent for Catholic Schools _____ Date _____

Managing Director, The Catholic Foundation _____ Date _____