ALUMNI MAILING LABELS ARE AVAILABLE TO ACADEMIC AND ADMINISTRATIVE DEPARTMENTS ONLY UPON RETURN OF THIS REQUEST FORM WITH ALL NECESSARY SIGNATURES. ONLY UNIVERSE EMPLOYEES WITHIN THE REQUESTING DEPARTMENT WILL BE PERMITTED TO PICK UP LABELS. THEY WILL NOT BE MAILED. PLEASE NOTE THAT THE REQUESTED INFORMATION IS PROTECTED UNDER THE FAMILY EDUCATIONAL AND PRIVACY ACT (FERPA). THIS INFORMATION MAY NOT BE USED IN THE INTERESTS OF FUNDRAISING, CONVEYANCE OF PARTISAN INFORMATION OR FOR ANY PURPOSE NOT LISTED ON THIS DOCUMENT.

Date labels are needed: ____________________________ (Allow 72 hours)

Labels must be supplied by the requester and delivered to the Alumni Affairs Office located in the M. E. Thomasson Building, Room 200. Avery 5960 recommended.

PLEASE LIST REASON(S) BELOW FOR REQUEST AND INTENDED USAGE OF THE ALUMNI MAILING LABELS. BE SPECIFIC. (REQUIRED):

ATTACH A COPY OF THE ITEM (s) THAT WILL BE MAILED (REQUIRED).

I ascertain that the above requested data is being used exclusively for the purposes documented and that this data will not be shared, duplicated or issued to any other entities within or outside of the Delaware State University campus. I also agree to provide copies of items to be mailed using the mailing labels. Violation of this agreement may result in denial of future access to alumni data, requests for mailing labels and any other actions deemed appropriate by the University’s Office of Legal Affairs.

Signature of Requester: ____________________________ Date: ____________________________

Department or Division Chair: ____________________________ Date: ____________________________

Director of Alumni Affairs: ____________________________ Date: ____________________________