# Valencia Management Information System (VMIS)
## Report/Data Request

Form Instructions:  Fill out the top portion of the request.  Be sure to sign and date the form and send to your Associate Director/Dean. After the Associate Director/Dean approval the request needs to be sent to CSS located in room V107 of the B&T Building.  Forms that are incomplete will not be processed.  All reports will be in PDF format unless otherwise requested and approved by your Associate Director/Dean.

Your Name: _____ Department: _____

Phone: _____ UNM Email: _____ Date Report Needed: _____

Purpose/Use of this report:
_____
_____
_____

Time ranges the report should include:
_____
_____

The criteria for the report query:
_____
_____
_____

Data fields needed in the report:
_____
_____
_____

### You must read and accept the following

I understand that this report may contain confidential student information covered by the Family Educational Rights and Privacy Act. The data contained within this report is to be used for legitimate educational purposes only, and is to be destroyed when no longer needed. All requests will be reviewed.   My signature shows that I understand and agree with the above statement.

_____          _____
Signature of Requestor                                                            Date

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

**Associate Director/Dean**

Approved               Denied

Notes:_____
_____

I certify that the use of the data as described is consistent with the responsibilities of this individual. Furthermore, the employee understands that he/she must utilize the authorized data access for his/her tasks and that any inappropriate use of these data will constitute a violation of policy and or law.

_____          _____
Signature                                                                             Date

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Date Received: _____ Received By: _____ Priority: _____
Css112503