MIS Data Request
Print Form, Fill out completely, and Deliver to CSS

Your Name: _________________________________________  Phone: ________________

Email address: ________________________________  Date needed: ________________

Purpose/Use of this data:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Queries should include data from the following semesters:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

The criteria for the queries (output) are as follows:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What data fields would you like to see in the results?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

All data will be presented in PDF format unless approved by VMIS Database Administrator

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. I have read
and understand the VMIS Information Security Policy. All requests will be reviewed.

I understand and agree with the above statement. ____________________________  __________
Signature Date

Date Received: ____________________________
Referred to __________________________ for approval on ____________________________

Approved  Denied  Initials:

Reason:

Revised 1/27/2003