

Information Request Form

The University of Louisiana - Monroe
University Planning and Analysis

Phone: (318) 342-1043 • Fax: (318) 342-1047

Name: _____ Department: _____

Phone: (____)____-____ Fax: (____)____-____

ULM Email Prefix: _____ Personal Email: _____

Date Requested: ____/____/____ Date Due: ____/____/____

Please allow ample time for completion

Is this a regular request? Yes No

If so, how often? Start of each term End of each term
 Annually Semester
 Specific Date _____

Information needed for: _____

(Ex. Accreditation, Survey, Annual Report, etc.)

**Please include copies of any forms and instructions related to request.

How would you like your request returned? Inter-office Mail Email Fax

Data requested from: _____ Semester(s)
_____ Year(s)

Academic Calendar Fiscal

Special Instructions: _____

Request: _____

Office Use Only

Request ID: _____

Work Completed By: _____

Date Completed: ____/____/____