

Advancement Data Request Form

Please allow a minimum of 3 weeks to process your request. Complex requests may take longer. Contact University Advancement if you need assistance defining criteria or output fields.

Please complete all sections (including Dean/VP approval) and send this form to advancement@sonoma.edu for review/approval

SECTION 1 - General

List/Event/Report Name:	Person Making Request:	
Date of Request:	Date Required:	
Purpose: Mailing/Invitation: Hard copy	Digital ☐ Solicitation ☐ Newsletter ☐ Donor	Recognition
☐ Other (please specify)		
	you want this data and how it will be used e.g., hardcopy tation mailing only, email and telephone, etc.)	[,] only
SECTION 2 – Which records do you want t	to specifically include? (Constituent ID will be included by	default)
INCLUSIONS - Please check/specify ALL that complete section 4	nat should be included. If you are requesting gift informati	ion, please
☐ Alumni School/Dept:	☐ Major: in	clude minors?
Class of:		
☐ Business/Orgs ☐ Board Members ((board name)	
☐ Other		
SECTION 3 – Which records do you want to specifically exclude? (Contact Codes of No Contact or Communication will be excluded by default)		
EXCLUSIONS - Please check/specify ALL th	that should be excluded:	
☐ Out of State ☐ Out of Country	☐ Deceased ☐ Anonymous	
Other (please specify):		
SECTION 4 – If you are requesting gift data complete this section. (Please also select corresponding output fields on page 2)		
Gift Information: What specific gift data ar	are you requesting? (Alumni donors to x fund(s); all gifts 1/1.	/20-12/31/20):
☐ All time ☐ Date Range (Gift Dates:	
Gift Fund(s) Please list all fund IDs that apply:		
Please check all donor types that apply:		
☐ Individual donors ☐ Incl	lude donating businesses/organizations	

SECTION 5 – What data do you want to see for each record? Please check the corresponding box for the information you want to see in your results output. (First and Last name will be included by default)

OUTPUT FIELDS:		
□ Name: □ First □ MI □ Last □ Nickname □ Maiden		
☐ Spouse Name		
☐ Addressee (e.g., Mr. and Mrs. Sam Sonoma)		
☐ Salutation (e.g., Mr. and Mrs. Sonoma)		
Address (postal)		
Emails: Primary Secondary Business		
Phone: – Home Business Mobile Grad Load		
Grad Date/Class of (alums only)		
Age (when available)		
Major		
Anonymous Donor		
Primary Constituent Code		
Prospect Manager – current and/or most recent		
Alumni Association Membership		
Did you complete section 4 gift infor	mation? ☐ Yes (complete gift fields below) ☐ No	
Gift Detail: Gift Amount:	☐ Gift Date ☐ Gift Fund ID ☐ Fund Description	
Gift Summary: Date Range:	☐ Total Giving Amount ☐ Total Number of Gifts	
☐ Other data (please	specify):	
	1 7/	
SECTION 6 –File Format/Sorting: Lists will be provided in Excel format and sorted by last name.		
SECTION 7 – Approval		
The information being requested is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. By signing below, you agree to use the data only for the purpose described in this request, and to not store, reference, transmit, share, or otherwise make any use of the data beyond completion of the purpose (max 90 days after receipt of the data). The data will be used to support University business.		
Data User (person who will receive a copy of the data):		
Dean/VP Signature:		
For Processing use only—please do not write in this space		
Date Received:	Output File Name:	
Date Completed:	_ Output File Path:	
Completed By:	Query/Export Name:	
Date Requester Notified:	# of Records:	
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