

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) _____
Purpose of Request (include ***in detail*** why you want this data and how it will be used e.g., hardcopy only newsletter mailing, email only invitation, invitation mailing only, email and telephone, etc.)

SECTION 2 – Which records do you want to specifically include? (Constituent ID will be included by default)

INCLUSIONS – Please check/specify ALL that should be included. If you are requesting gift information, please complete section 4

Alumni College/School/Dept: _____ Major: _____ **include 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 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 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 Include 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 Date/Class of (alums only)
 Age (when available)
 Major
 Degree
 Anonymous Donor
 Primary Constituent Code
 Prospect Manager – current and/or most recent
 Alumni Association Membership
Did you complete section 4 gift information? 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):

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: _____

<i>For Processing use only—please do not write in this space</i>	
Date Received: _____	Output File Name: _____
Date Completed: _____	Output File Path: _____
Completed By: _____	Query/Export Name: _____
Date Requester Notified: _____	# of Records: _____