

UNIVERSITY OF FLORIDA FOUNDATION, INC.
POST OFFICE BOX 14425
GAINESVILLE, FL 32604

DATA REQUEST (UFF-Q)
SUBMIT TO:
DEVELOPMENT INFORMATION SYSTEMS
392-5974
FAX: 334-8070 or 846-3636

CONFIDENTIALITY STATEMENT

I certify that this request is being made for the purposes that are related to the mission of the University of Florida and that I will maintain the confidentiality of this data. I also certify that the information received from this request will not be used for commercial or political purposes and that this information will not be distributed or sold to others. If I am making this request on behalf of another party, I agree to take responsibility for maintaining the confidentiality of this data.

Signature	Title	Phone & Extension
Printed Name	Campus Address	Fax Number/E-mail Address*

Date Required: _____ Previous Run Date: _____ Today's Date: _____
(allow one week)

Information Required:

Output Format

___ Report ___ ASCII File (Tab Delimited) ___ Summary Counts ___ Other (explain)

Output Contents - check all that apply

Biographical Information

___ Preferred Address **OR** ___ Home & Business Address
___ Good Addresses Only **OR** ___ All Addresses
___ Phone Number(s) E-Mail Address

Giving Information

Entities with an Anonymous Alert will be displayed as Anonymous

___ Gifts **OR** ___ Pledges **OR** ___ Both

Details: ___ (Date, Fund, Amount, etc.)

Totals: ___ UF ___ College/Units ___ Fund

Sort Order

___ Alpha ___ Class Year ___ Degree ___ Zip Code
___ Other (explain) _____

Purpose of Request

___ Information ___ Mailing ___ Solicitation

Delivery Options

___ Will Pick Up ___ Courier/Campus Mail ___ E-mail*

FOR USE BY DEVELOPMENT INFORMATION SYSTEMS STAFF ONLY

Completed by: _____ File Name: _____
Count: _____ Date: _____
Program Name: _____ Log Number: _____