

BANNER ALUMNI/DEVELOPMENT DATA RETRIEVAL REQUEST FORM

Submit this form to
Development Information Services
John Dodge House, Oakland University (fax 248-364-6101)

D.I.S. Only

Date Received: ___/___/___

Job # _____

Approved by _____, Director of Development Information Services

Requestor: _____ Department: _____

Campus Address & Email Address: _____

Contact Person's Name: _____ Phone #: _____

Date Submitted: _____ Date Needed By: _____

Have you previously requested a similar or identical output? ____ YES ____ NO Maximum number of records: _____

Name of Person who requested previous request: _____

Date of the previous request: ___/___/___ Job #: _____

How will you use this output? Please check all that apply:

- Contact with alumni or donors Fundraising Solicitation Event Invitation Newsletters Departmental Information
- Prospecting/Research Management Report Telefund Other: _____

Please describe your request: (REQUIRED)

If this is a fundraising solicitation, please indicate the solicitation code & description: _____

If you do not have a solicitation code please contact the Gift Accounting Manager at 364-6115 or email tallen@oakland.edu to request one.

Solicitation Information (Check all that apply)

- | Include | Exclude | Records coded as: |
|-----------------------|-----------------------|------------------------------------|
| <input type="radio"/> | <input type="radio"/> | Do not solicit (DNS) |
| <input type="radio"/> | <input type="radio"/> | No fall telefund calls (NFT) |
| <input type="radio"/> | <input type="radio"/> | No OUAA Magazine (NMG) |
| <input type="radio"/> | <input type="radio"/> | Never Call (NVC) |
| <input type="radio"/> | <input type="radio"/> | Never Mail (NVM) |
| <input type="radio"/> | <input type="radio"/> | No planned giving newsletter (NPG) |

Output Disposition: Check all that apply

- Send to Contact Person listed above via Campus Mail
- Send to Contact Person listed above via Electronic Mail
- Send to OU Printing & Mailing Services
- FTP to Non-OU Mailing Services

Output Format: Check all that apply

- Hardcopy Report
- Datafile
 - Excel file
 - Access Database

Indicate Name and Address of Non-OU Mailing Services below

Mail Service Name _____

Mail Service Contact Person's Name & Phone # _____

Mail Service Address _____

FTP/E-mail Address _____

Report Criteria (Check all that apply. Categories left blank will not affect your selection)

Constituents

Household pairing: Single (S) Combined (C)

Include Exclude

- Alumni (ALUM)
- Parent (PRNT)
- Faculty/Staff (FAST)
- Retired Faculty/Staff (RFAC)
- OU Foundation Dir. (OUFD)
- Trustee (TRUS)
- Other Individual (OTHI)
- Friend (FRND)

Organizations

Include Exclude

- Corporation (CORP)
- Foundations (FOUN)
- Other Organizations (OTHO)
- Religious Organization (RELO)

Record Status:

Exclude: Deceased

Employment Information: (Check all that apply)

Include Exclude

- Current Employer (if in Banner)
- Current job title (if in Banner)
- Only employees of (company name, Banner ID if known) _____

Academic Criteria: (Check all that apply) This section relates to an individual's OU degree information

- OU undergraduate degree holders OU graduate degree holders

School(s): CAS, SBA, SEHS, SECS, SHS, SON

Include: All Schools Specific Schools _____

Degree(s): Undergraduate or Graduate

Include: All degrees Undergraduate only Graduate only Preferred degree only

Class years:

Include: All class years Specific class years _____

Majors: (please include major code and descriptions)

Include: All majors Specific majors _____

Department:

Include: All departments within school Specific departments within school _____

Address Criteria: (Check all that apply) This section relates to a constituent's or organization's mailing address, business address as well as geographic location.

Include: Active preferred address Active permanent address (01) Active Business address (BU)

Exclude: Active preferred address Active permanent address (01) Active Business address (BU)

USA Foreign Countries

States: _____ Countries _____

Zipcodes: _____

Zipcode Radius's: Records within a _____ mile radius of _____ zip code

Salutations: *This section relates to the salutations for a letter and the addressee for the outside of an envelope or piece of mail.*

- Salutation:**
 - Joint** (FORM) example: Mr. and Mrs. Doe
 - Individual** (PRIN) example: Mr. Doe
- Addressee:**
 - Joint** (JOIN) example: Mr. and Mrs. John B. Doe
 - Individual** (INDI) example: Mr. John B. Doe

Additional Information *This section relates to various information available in Banner records.*

- Activities/Student activities/Committees/Boards (*list can be found in APAACTY by double-clicking in "activity" field.*)
Include: All activities Specific activities _____

 - Athletes (*athlete codes are also found in APAACTY by double-clicking in "activity" field.*)
Include: All sports Specific sports
-

Donor Information: *If your request involves specific gift information, you must complete this section. Check all that apply. To specify more than one population of donors, attach separate request form.*

- | | | | | |
|----------------|-----------------------------|-------------------------------|-----------------------------------|--------------------------------------|
| Include | <input type="radio"/> Gifts | <input type="radio"/> Pledges | <input type="radio"/> Memo credit | <input type="radio"/> Matching Gifts |
| | Date range: _____ | | | |
| Exclude | <input type="radio"/> Gifts | <input type="radio"/> Pledges | <input type="radio"/> Memo credit | <input type="radio"/> Matching Gifts |
| | Date range: _____ | | | |

Amount range: _____

Designations: (*Example*) 30085 SEHS Gift Fund

Include: All designations Specific designations _____

School/Division:

Include: All schools/divisions Specific schools/divisions _____

Departments:

Include: All departments Specific departments

Solicitations:

Include: All solicitations Specific solicitations

Date range: _____

Membership Information: (**Check all that apply**) *This section relates to an individual's participation in an OU membership program.*

Membership Programs:

- | Include | Exclude | |
|-----------------------|-----------------------|-------|
| <input type="radio"/> | <input type="radio"/> | OUAA |
| <input type="radio"/> | <input type="radio"/> | PCLUB |

Membership Categories: (*see ATVAMCT for list*)

- | Include | Exclude | |
|-----------------------|-----------------------|---------------------------|
| <input type="radio"/> | <input type="radio"/> | All categories |
| <input type="radio"/> | <input type="radio"/> | Specific categories _____ |
| <input type="radio"/> | <input type="radio"/> | Specific categories _____ |

Membership Status:

Include

-
-
-
-

Exclude

- Active
- Inactive
- Expired
- Delinquent

Additional comments

Requestor's Signature

Date

Please Note: Requests must be received by Development Information Services ten working days prior to needed completion date. Emergency requests will be accommodated as the processing schedule allows. Please contact the Director of Development Information Services for help in completing this form.