

Application for Retrieval of Archived Student Data

Students MUST provide their own usb thumb/external drive with the appropriate disk space to retrieve data. Your device must be labeled with your information.

(Please Print Clearly)

First Name: _____

Last Name: _____

Student ID#: _____

Email & Cell Phone(Optional): _____

Please provide a list of the files and /or folders that you would like to be placed on your drive.
(Please be specific)

Year(s): _____

Term(s): _____

File/Folder(s): _____

Drop off/Request Signature & Date

Student: _____

Request Date: _____

I.T. Rep: _____

Completion Date: _____

- I.T. Rep had checked ID card to Verify student's name & ID# are correct during request**

Pick up signature & date: _____

*Please note: Once complete, an email will be sent to you. You can pick it up at the front desk.