SAVANNAH STATE UNIVERSITY

# UNIVERSITY ADVANCEMENT REQUEST FORM

## PERSONAL INFORMATION

Name:

Title / Position:

Company / Organization:

Phone Number:

Email Address:

## TYPE OF REQUEST (SELECT ALL THAT APPLY)

- ☐ Agency Account Request
- ☐ Alumni Request
- ☐ Class Report Request
- ☐ Endowment Report Request
- ☐ Other (Please Specify): _____

## REQUEST DETAILS (PLEASE PRINT)

*Disclaimer: Please allow 5-7 business days for your request to be processed.*

**ADVANCEMENT OFFICE USE ONLY**

Received By: _____ Date Received: _____