



STUDENT SERVICES SARS•CALL REQUEST FORM

Please mail this request to Elizabeth Colocho, Matriculation Coordinator.

Name: _____

Department: _____ Phone: _____

Reason for call (please provide a copy of script used for call): _____

Approximate number of students to be called: _____

Can you provide a computer text file that contains the phone numbers of the students you wish to call: Yes___ No___ (please call Tim at ext. 4264 for specifications)

Please indicate any special circumstances associated with this request: _____

Signature: _____ Date: _____

[To Be Completed by SARS Manager]

Approved ___ Denied ___ Comment _____

Signature _____ Date _____

[To Be Completed by SARS Technician]

Request received by _____ Date _____

Call batch start date _____ Call batch complete date _____ Completed by _____

Total # students called _____ # calls completed _____ # calls failed _____