

*Northeast Mississippi Community College
Office of Planning and Research*

**REQUEST FOR INFORMATION
FORM**

Name of Individual making request: ____

Division of the Individual making request: ____

Date of Request: ____

Use of Information - Please Check: Internal External

***If external, please indicate where the information will be forwarded:

Date information is needed: ____

Description of information needed: ____

FOR OFFICE USE ONLY:

Completion Date: ____

Date of Transmittal: ____

File Name: ____

Source: ____

NOTES: ____