 **Raiser’s Edge Constituent Attribute Request Form**

**ATTRIBUTE DETAILS**

**Attribute Name:**

**Contact Name: Phone:**

**College/Unit:**

**Department:**

**Data Source:**

**Attribute Frequency: Annual Other**

**Reason for Attribute: (Please give a detailed escription)**

**Contact:**

 **Print Name Signature Date**

**Sr. Development Director:**

(If Applicable) Print Name Signature Date

**FOR FOUNDATION USE ONLY**

**Date Form Received**:

**Director DIS:**

Approved: Denied: Justification:

**Director G&R:**

Approved: Denied: Justification:

**Director AP:**

Approved: Denied: Justification:

**Dispute Resolution:**

**AVP Finance & Operations:**

 Signature Date

Approved: Denied: Justification:

**AVP Central Program**

 Signature Date

Approved: Denied: Justification: