



SARS-CALL Request Form

- 1. Date
2. Name of Department
3. Name of Requestor
4. Telephone extension
5. Purpose for using SARS-CALL (be specific)
6. Number of students to be contacted
7. Persons name who will record message extension
8. A complete file including: last name, first name and telephone number of the students must be submitted with this form.

DO NOT WRITE BELOW THIS LINE

Not Approved Approved

Department Chair Print Name Signature Date

Dean Print Name Signature Date

Only forward approved request to: Theda Douglas, Dean, Student Services - A133

This request is approved and scheduled for Date Time Location A127