

PATHLORE CRYSTAL REPORT REQUEST FORM

Requested By: _____

Phone #: _____

Email Address: _____

Fax #: _____

Date Needed (Allow a minimum of 5 working days to process requests): _____

Mailing Address:

Report Information Needed:

Cabinet (Required Field) _____

Cabinet # (Required Field) _____

Department # (Only required if you want department specific information) _____

Division # (Only Required if you want division specific information) _____

Time frame you would like report to include: _____

Description of Information Needed:

Please mark the appropriate boxes to indicate which fields you need to have shown on the report

SSN Last Name First Name Course Code Class Name Start Date

Event Status Event Grade

Other (Please Explain) _____

Please indicate how you would like your report returned:

Email PDF

Fax Excel

Send Completed Form to Jamille Smith at jamille.smith@ky.gov or Fax to (502) 564-8056