

# Reporting Request Form



Marywood  
UNIVERSITY

Please submit this form to [helpdesk@marywood.edu](mailto:helpdesk@marywood.edu)

Date Requested:	<input type="text"/>	Requester Name:	<input type="text"/>		
Department:	<input type="text"/>	E-mail:	<input type="text"/>	Phone:	<input type="text"/>
Short Description of Report Needed:	<input type="text"/>				
Date Needed:	<input type="text"/>	<input type="radio"/> Modify Existing Report	<input type="radio"/> New Report		
Existing Report Name Where Applicable:	<input type="text"/>				
Reason for Request:	<input type="text"/>				
Columns Needed and the Location of the Data in Colleague:	<input type="text"/>				
Preferred Sort Order of Data:	<input type="text"/>				
Preferred Prompts for Selection:	<input type="text"/>				

# Reporting Request Form



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## Internal Use Only

Date Started:

Date Completed:

Ticket Number:

Assigned Tech:

Report Location:

Reporting Server

ODS

Colleague UI

Additional  
Comments:

# Report Signoff



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Ticket Number

Report

Report Location

## Signoff Checklist

- All requested data elements are contained in the report
- The sequence of data is useable
- The data has been verified

**Please explain  
the methods  
you used to  
verify the data**

Signature

Date