

MAKE THE DAY SPECIAL FOR ALUMNI RETURNING TO CAMPUS

Request for Student Assistance Form

Requestor's Name/ Today's date: _____/Date _____

College: _____

Department: _____

E-mail: _____

Phone number: _____

Alumni Name: _____

Name of class(s): _____

Building and room number: _____

Date of class: _____

Time of class: _____

Type of service requested: (Check Box)

<input type="checkbox"/>	Welcome Back to Campus Digital Signage
<input type="checkbox"/>	Special Signage – balloon on classroom door
<input type="checkbox"/>	Student escort from parking to classroom
<input type="checkbox"/>	Student lead tour
<input type="checkbox"/>	Student/speaker coffee or lunch meeting
<input type="checkbox"/>	Alumni Association SWAG

Special Notes:

Send this form to University Advancement at foundation@uwlax.edu. The Advancement team will follow up with you within three business days.