



Office of the Registrar

Solomon Amendment Request for Information

Return this form along with written request on military letterhead to:

CCAC Registrar
800 Allegheny Ave
Pittsburgh, PA 15233
Fax: 412.237.3194

Name of Contact Person: _____

Organization: _____

Address: _____

Phone Number: _____ - _____ - _____ Request Date: _____

Selection Information:

Semester Data Requested: _____ (current or previous Fall/Spring only)

____ All students **OR** First-Year ____ Sophomores ____

____ Graduated students (Available for previous semester requests)

____ Age Range (identify age range, must be 17 or older)

Campus: (multiple campus lists may be selected)

____ Allegheny Campus ____ Homewood Brushton Center

____ Boyce Campus ____ Braddock Hills Center

____ North Campus ____ West Hills Center

____ South Campus ____ Washington County Center

____ All locations

Information will be provided in Excel file via encrypted email or secure file share platform:

I understand the information released is limited to military recruiting purposes only. This information will not be shared with other parties and data must be destroyed once it has been used. Information provided will be limited to:

- Name
- Age
- Address and Phone Number
- Class Level (e.g. First-Year, Second Year)
- Program/Major
- Degree Awarded

Email address of recipient: _____