



Student Registration and Record Services  
 223 Miller Building  
 PO Box 2000  
 Cortland, NY 13045-0900  
 607-753-4702 (Voice) | 607-753-2959 (Fax)

**MILITARY RECRUITERS**  
 Solomon Act Student Recruiting  
 Information Request

Information released is limited to enrollment for the current or previous semester. If the request is received between semesters, the requestor must specify the previous semester or upcoming semester. Only data identified as student recruiting information in the Act may be included.

Your Name: \_\_\_\_\_ Unit or Organization: \_\_\_\_\_

Your Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Official Phone: \_\_\_\_\_ Official Email: \_\_\_\_\_

Request Date: \_\_\_\_\_ Please allow 3-5 business days for file delivery.

Please Identify the Semester:  Current Semester or  Previous Semester

**Guidance: New files with accepted students are generated in August for Fall and in February for Spring. Requesting earlier may result in duplicate or incomplete lists.**

Please Identify the Population:  All Eligible Students  All Eligible Undergraduates  All Eligible Graduates  
 Graduated Students (Previous Semester Only)

Choose ONE Delivery Method:  Deliver Paper via U.S. Mail  Pickup in Office  Secure Download (Email Link)

**Guidance: If selecting the secure download method, you must be assured your IT group has whitelisted the cortland.edu domain and you can accept file sharing links from OneDrive.**

Choose ONE File Format:  Paper  Excel (Secure Download or CD)  PDF (Secure Download or CD)

Included Data Elements: Name, Permanent Address, Local Address, Email Address, Telephone, Age, Level (Freshman, Sophomore, etc.), Academic Major or Program Degrees Received (If Applicable)

- Please Read and Confirm:
- I am authorized to request this data and the information will be used for military recruiting purposes only as part of my official responsibilities.
  - I acknowledge that the information I am requesting is confidential and cannot be released to anyone outside my organization.
  - I understand that I must securely store and destroy the data to protect student identities.
  - I understand that each entity is allowed one request per semester in accord with the Act.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_