REQUEST FOR SANTA CLARA UNIVERSITY
eCampus ACCESS

PLEASE NOTE: You must have been in attendance at Santa Clara University at any time from fall 2002 to the present.

***An email address is required. Your eCampus information will be sent to you by email.**

Once completed, please fax this form to (408) 554-6926 or mail to:

Office of the Registrar
Santa Clara University
500 El Camino Real
Santa Clara, CA 95053-0602

Please print clearly:

Name_____
First **Middle** **Last**

Other name(s) used at Santa Clara _____

ID# or SSN_____ **Birth date** _____

Dates of Attendance _____ **Degree(s)** _____

Current Address: _____

_____

Telephone Number _____ ***Current email address:** _____

☐ **Yes, you may share my information with Santa Clara University Alumni and Development Offices.**

Signature: _____ **Date:**_____