Mapping / GIS / Records Request
Complete the entire form (two sides) and submit to Maps and Records group for approval and processing.

Acceptance of Understanding

Signing this document implies that you have read, understand and agree to the following.

- It is understood that the content may or may not contain sensitive information and discretion will be used.
- The only people authorized to use this information are the requester and any individuals specifically involved with the identified use.
- Any use of this information other than that described above must be approved by the Physical Facilities representatives in writing prior to use.
- This information is not to be circulated to anyone without prior written communication with the appropriate Physical Facilities representatives.
- Upon disposal, data must be destroyed so that it may not be used again.

Request Information

Physical Facilities building, mapping, GIS information, and/or archival records are being given to you for the use described below. The requested information will be used for (list the project, description of work, date range):


I am requesting the following information/data (list all data needed for this project):


Deliverables Requested (list all formats, sizes, outputs, delivery methods, and options being requested):


Date and time needed by: ________________________________

Once the request is reviewed and approved, you will be contacted to receive your actual delivery date.

Name: ___________________________________________ Phone: (_____) _____-__________ FAX: (_____) _____-__________

Email: ___________________________________________________________________________________________________________________

Best time to contact you with questions: ________________________________________________________________________________________

Preferred method of contact for any questions (circle all that apply) PHONE EMAIL FAX IN-PERSON

Physical Facilities Authorization Signature: ___________________________________________ Date Requested: ___ / ___ / _____
(Project Manager, Senior Director, Group Manager, or Administration)

Outside of Physical Facilities Use Acceptance Signature: ___________________________________________ Date Requested: ___ / ___ / _____
(A/E Firm, Contractor, Purdue Faculty, Purdue Staff, or Purdue Administration)

Approved Delivery Date: __________________________________________________________

R&M Approval by: ________________________________ Date: ____________________________

Without exceptions / with exceptions (listed): _________________________________________
Draw box(s) around area(s) of interest (Attach other maps/documents as necessary to describe area in more detail)