

Borrower Record Submission Schedule

Institution: _____ Date: _____

Name of individual completing form: _____

Phone: _____ Email: _____

For academic year: _____

Instructions: Select an option below and return the completed form to the Help Desk. This form is used to identify dates when files will be received from your institution.

- Option 1 – Weekly.** Select this option to load files each week. This form does not need to be resubmitted each academic year. Do not complete the schedule below – FLVC will contact you to coordinate the weekly schedule.
- Option 2 – Academic Schedule.** Select this option to load files according to the schedule indicated below. An updated form must be submitted each academic year.

Term / Year	Date Files Sent to FLVC		Date Files Sent to FLVC	
	Student	Student Drop/Add	Personnel	Personnel Drop/Add
Fall				
Winter				
Spring				
Summer Session ____ Session ____ Session ____				

FORM SUBMISSION INSTRUCTIONS

Step 1: Initial Requestor

Send the completed form to your Institution Contact for review and approval. The form will be delivered by email as a PDF attachment.

Institution Contact Email: _____

Step 2: Institution Contact

Enter your name below to indicate approval and submit the form to the Help Desk. Note: The form must be sent from the email address on file for the Institution Contact.

Institution Contact Name: _____