



Request Form

Name of Requestor: _____

Requestor Contact info: _____

Confidentiality Level:

- High - All information will stay within the council. Name of recipient to remain anonymous except to CSEC President, requestor, and recipient.
- Medium - All information will stay within the council. President can contact the recipient for more information.
- Low - Information may be published to promote a specific fundraiser.

Name of the Recipient: _____

Recipients Contact Info: _____

Why does the recipient need assistance:

What would best help the recipient?:

Specific bill paid in part/whole: _____ amount: _____

Gas Card: _____ amount: _____

Grocery Card: _____ amount: _____

Other: _____ amount: _____

Send request through in-house mail to **CSEC President**

or email to: **csec@uic.edu**

