



Prohibit Release of Directory Information

(Please PRINT first name, middle initial and last name)

I, _____ hereby request that my Directory Information listed below NOT be released to a third party without my written consent, except for those instances specifically allowed by regulation:

1. Student's name
2. Number of credit hours enrolled
3. Major field of study
4. Dates of attendance
5. Degrees, honors, and awards received

Student's Signature: _____ SIS ID _____ Date: _____

Processed by: _____ Date: _____

This form must be delivered in person with proper identification.

Please be advised that this request will remain in effect indefinitely until such time that you rescind it in writing.