



## 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.***