I, _____________________________________________, (Tech ID) ___________________________________,
(Print Your Full Name)
request all Student Directory Information be treated as private and that it not be released.

Student Directory Information includes:

- Student name
- Hometown
- Graduation date
- Major(s)/Program(s)
- Student status (enrolled, full-time, part-time, withdrew)
- Honors
- Dates of attendance
- Student activities
- Student email address

Effective through: ____________________________________________________________________________
(date)

____________________________________________________  ______________________________
Student Signature  Date

Reference:  State Data Practices Act, Chapter 298, sec. 1