



REQUEST FOR CONFIDENTIALITY OF DIRECTORY INFORMATION

I request that Valdosta State University regard my directory information* as confidential from this date forward. I understand that my directory information will NOT be released without my written consent. I also understand that this request will remain on my record until I provide a signed request to the Registrar for cancellation.

I understand that VSU is not responsible for any problems that I may incur as a result of making this request for confidentiality.

Student's Signature

Student's Name (Printed)

Student Id Number

Date

Signature of Registrar's Office Staff

Date

*Directory information includes- Student's name, address (local and home), telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student, full or part- time status, and e-mail address.