

Request for Non-Release of Directory Information

NAME _____

First

Middle Initial

Last

ADDRESS _____

Street Address

City

State

Zip

I request that my name, address, phone number or email address **not** be listed in the Aquinas College Student Directory or any other public listing on campus; furthermore, I do not want this information released to anyone other than a school official at Aquinas College. Filing of this form will not cause Aquinas College to discontinue verification of enrollment to lending agencies.

Aquinas College assumes no liability for honoring your instructions to release no information. Please allow one week for processing of this form.

I understand that this request is valid until such time that I notify the Office of the Registrar in writing to release directory information.

Your name will be printed in all graduation-related materials unless you notify the Office of Academics specifically not to print your name.

Signature

Signature

Date

Privacy Hold Release

If you would like the privacy hold released, please sign and date below:

Signature

Date

OFFICE USE ONLY

For Withhold: Date Entered: _____ Initial OTR: _____

For Release: Date Entered: _____ Initial OTR: _____