

F 318.357.5823 registrar@nsula.edu

Request to Prevent Disclosure of Directory Information

Student Name	Last	First	1	Middle	
Campus Wide Identi	fication Number (CWID)		Semester	Year	
Educational Rights students will be the address, e-mail add undergraduate or recognized activiti	te University (NSU) is constand Privacy Act of 1974, at considered Directory Ir dress, photograph, teleph graduate; full-time or pases and sports; weight and ed, including naming to hed.	. The only inforn formation. NS one number, da rt-time), major d height of me	mation ordinarily U defines this as si ates of attendance field of study; pa mbers of athletic	released concert tudent's name, ma e, enrollment statu articipation in offi teams; degrees, h	ailing us (e.g cially honor
directory. No othe permission. By cor	tion, by law, may be releast r student information is re mpleting this form, you w niversity personnel or list	eleased to non- vill be requesti	university personing that Directory	nel without your w	vritter
trying to reach you student here will b	s of your decision to reque will not be able to do so t e suppressed, so that if a l you, they will be informed e University.	hrough the Uni oan company, լ	versity; informatic perspective emplo	on that you are a yer, family membe	
	signated a confidential cla on requesting that it be re		ill not be removed	d until you submit	a
Studer	nt's Signature (Required)			Date	
REVOKE AUTI		us request to as	ovent disclosure a	f directory inform	ation
oy signing below, I	hereby revoke any previou	as request to pr	event disclosure o	i directory informa	auon.
Studer	nt's Signature (Required)			 Date	