

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

STUDENT INFORMATION CONFIDENTIALITY REQUEST FORM

Name: _____
(Please print) Last Name First Name Middle Initial

Student Identification Number: _____

Student Birthdate (MM/DD/YYYY): _____

Note: If employed by the University, please contact the Offices of Human Resources.

Under Public Law 93-380 as amended, specific types of student information are categorized as "Directory Information." Such information (see items below) will be available to anyone requesting it unless you file a written objection to the release of this information with the Office of the Registrar. This objection will remain in effect until you file a cancellation with the Office of the Registrar.

Directory Information includes:

1. Student Name
2. Student address and telephone number (local and permanent)
3. Student e-mail address
4. Major field of study
5. Classification
6. Dates of attendance
7. Full or part-time status
8. Attempted hours
9. Degrees and awards earned
10. Most recent educational agency or institution attended prior to enrollment at SIUE
11. Participation in officially recognized activity or sport
12. Weight and height of members of athletic teams
13. Date of birth

Objection to Release of Directory Information (Confidentiality Hold)

Complete this section if you do not want your personal information released to anyone outside the University without prior written consent, or if you want to cancel a previously filed objection to release of this information.

Note: This restriction includes but is not limited to telephone inquiries from the filing student, family members, and potential employers.

Select one:

_____ I wish to file an objection to the release of Directory Information listed above. I understand this objection will remain in effect until I file a cancellation with the Office of the Registrar and will include omission from the next printed SIUE Directory, all web-based University directories, and other University publications.

_____ I wish to **cancel** a previously filed objection to the release of Directory Information. I understand SIUE will make available the information shown above to any person requesting this information. The information may also appear in any forthcoming directories.

Signature: _____

Date: _____

Please return completed form to the Service Center, Rendleman Hall, Room 1309, Campus Box 1080.