



Individual requesting information _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Reason for request _____

Directory Information requested for:

Student's name _____

Student ID _____

(Place a Check Mark in front of information requested)

Address _____

Telephone number _____

E-mail address _____

Major field of study _____

Dates of enrollment _____

Degrees received _____

Additional information requested* _____

*Additional Directory Information includes participation in official recognized college activities and sports, most recent previous educational agency or institution attended, academic credit information, photograph, and student ID number.

I agree that I and/or my organization will not forward this directory information to additional outside organizations, institutions, or agencies.

Signature of Requestor

Date