

1100 North Avenue • Grand Junction, CO 81501-3122 1.800.982.6372 • 970.248.1555 (o) • 970.248.1131 (f) registrar@coloradomesa.edu

## Request to Withhold Directory Information

Last Name	First Name	MI	Date of Birth	CMU Student ID Number
(Please print)				

Colorado Mesa University may, without prior consent of the student, release to persons outside the institution information designated as Directory Information in accordance with the provision of the Family Educational Rights and Privacy Act of 1974. Directory Information shall include information in an educational record which would not generally be considered harmful or an invasion of privacy if released, including but not limited to:

- student name, address, telephone number
- date and place of birth
- major fields of study
- participation in officially recognized activities and sports
- weight and height of athletic team members
- photograph
- dates of attendance
- degrees and awards received
- most recent educational institution attended
- e-mail address

At any time, students may request that Directory Information not be released to other parties without written permission to the Office of the Registrar. This request will be honored until the student requests in writing that Directory Information be disclosed.

If you wish Directory information **not** be disclosed to the public, please complete this form and return it to the Office of the Registrar in Lowell Heiny Hall, Room 400.

REQUEST TO WITHHOLD D	IRECTORY INFORMATION
I hereby request the Office of the Registrar to with public. I understand that no part of my Exprovide in writing this request.	<b>.</b>
Signature  *** Electronic signatures are not accepted. This form must be printed and signed or emailed from your Colorado Mesa University email account. ***	Date
CANCELI	ATION

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I hereby revoke the above withhold of directory information.

Signature

Date

Date Received: