



# Request to Prevent Release or Publication of Directory Information

Revised 3/3/2017

_____ Last Name	_____ First Name	_____ Middle Initial	_____ EMPLID or FSU Email
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I, \_\_\_\_\_ hereby request that Florida State University refrain from releasing or publishing the DIRECTORY INFORMATION specified below by my initials.  
Please print name

- \_\_\_\_\_ Do not release any directory information
- \_\_\_\_\_ Addresses
- \_\_\_\_\_ Email addresses
- \_\_\_\_\_ Names
- \_\_\_\_\_ Personal Data (ex. date of birth, marital status, gender, etc.)
- \_\_\_\_\_ Phone Number
- \_\_\_\_\_ Photograph

I acknowledge that this prevents publication of my information, including but not limited to, the following:  
academic certification requests by or for employers, insurance companies, etc.  
requests for information by or for parents, spouses or other family members  
publication in the online FSU Telephone Directory  
other media acknowledging a relationship between myself and the University

I understand that this request will remain in effect until a release for publication is reinstated by my written request to the Office of the University Registrar (A3900 University Center), Florida State University, Tallahassee, FL 32306-2480.

_____ Student's Signature	_____ Date
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## Office of the University Registrar

Received by: \_\_\_\_\_  
University Official \_\_\_\_\_  
Date

Identification Verified: \_\_\_\_\_  
Type of I.D. \_\_\_\_\_  
Date

Processed by: \_\_\_\_\_  
University Official \_\_\_\_\_  
Date