

REQUEST TO WITHHOLD DIRECTORY INFORMATION

ARIZONA STATE UNIVERSITY UNIVERSITY REGISTRAR SERVICES

In accordance with my rights as an eligible student under the federal Family Educational Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g, also known as FERPA or the Buckley Amendment (synopsis available in the University Registrar's Office and on the ASU University

| | http://students.asu.edu/p | olicies/ferpa , I hereby requ | iest that ASU not release | e directory information about me from | | |
|--|---|--|--|--|--|--|
| Ariz | ona State University offers | three options for withholding | g your Directory Information | on (Check One): | | |
| Option 1: Withhold Only My Addresses & Telephone Number (including ASU email address) | | Option 2: Withhold All of My Directory Information | | Option 3: Withhold None of My Directory Information | | |
| I understand that directory | information includes the | e following: | | | | |
| My Full Name My Addresses: (e.g., Local, Home, Mailing and ASU e-mail, including directory number) My Local Telephone Number My Date of Birth All my Degrees and Awards Received My Participation in Officially Recognized Activities and Sports The Most Recent Previous Educational Agency or Institution I Attended | | | | | | |
| This request about my directory information shall become effective immediately and shall remain in effect until revoked by me, in writing. I understand that even if I restrict access to my information, other students in classes for which I am registered may be given my name and contact information (generally e-mail address and/or telephone number) if, in the discretion of the instructor, this is appropriate to promote class discussion and/or interaction. | | | | | | |
| Student Name (Please Print |) | | ASU ID# | Telephone Number | | |
| Student Signature | | | Date | | | |
| | | | | | | |
| Registrar Sites: In person: | Downtown campus University Center (UCENT) Suite 130 602-496-4372 | Polytechnic campus Administration Building (ADMIN) 480-727-1142 | Tempe campus Student Services Bldg (SSV) Rm. 140 480-965-3124 | West campus University Center Bldg (UCB) Rm. 101 602-543-8203 | | |
| By Mail: | University Registrar Services 411 N. Central, Suite 130 Phoenix, AZ 85004 | University Registrar Services 5990 S. Sterling Mall Mesa, AZ 85212 | University Registrar Services PO Box 870312 Tempe, AZ 85287 | University Registrar Services PO Box 37100 Phoenix, AZ 85069 | | |
| By Fax: | 602-496-0376 | 480-727-1008 | 480-965-7722 | 602-543-8312 | | |
| If you have any questions abou Registrar Site for assistance. | t the use of this form, FERPA, | , or Directory Holds please visi | our website at http://studer | nts.asu.edu/policies/ferpa or call any | | |

| For Registrar Office Use Only | | | | | |
|---|--------------|--|--|--|--|
| Checked picture identificati Posted to System Processed by Audited by | tionDateDate | | | | |

Rev: 05/23/2018