

**LOCK HAVEN UNIVERSITY
REGISTRAR'S OFFICE**

RESTRICT RELEASE OF DIRECTORY INFORMATION

Printed name (first, middle, last)

LHU student ID

I am requesting that my student privacy be protected.

I do not want my directory information to be released to any inquiries.

Directory information includes the following:

- Name
- Local/permanent/university email address/telephone numbers
- Major field of study
- Participation in officially recognized activities/sports
- Weight/height of members of athletic teams
- Dates of attendance
- Degree and awards received and dates of receipt
- Academic awards received, including but not limited to Dean's List
- Most recent previous educational institution attended
- Academic level
- Enrollment status (full- or part- time)
- Classification
- Receipt or non-receipt of a degree

Signature _____ Date _____

Processed by Registrar's Office _____ (Registrar > Data Entry > Students > Privacy Code=ADPH)

REVOKE THIS RESTRICTION

If I choose to revoke this restriction, I understand that I will have to inform the Registrar's Office and sign the bottom portion of this form.

This section is to be signed only if/when the student wants to remove the restriction to release directory information.

Signature _____ Date _____

Processed by Registrar's Office _____ (Registrar > Data Entry > Students > Privacy Code=blank)