



FLORIDA STATE UNIVERSITY

Request to Prevent Release or Publication of Directory Information

Revised 3/6/2009

Last Name	First Name	Middle Initial	FSUID	FSUSN
Street Address		City	State	Zip
Email Address				

I, _____ hereby request that Florida State University refrain from releasing or publishing the DIRECTORY INFORMATION specified below by my initials.
Please print name

_____ (P) Do not release my telephone number

_____ (M) Do not release my address to off-campus inquiries

_____ (A) Do not release any designated DIRECTORY INFORMATION (includes digitized image)

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 Seminole Guide phone book
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

Office of the University Registrar

Received by:	_____	_____
	University Official	Date
Identification Verified:	_____	_____
	Type of I.D.	Date
Privacy Code Updated:	_____	_____
	Code Type Used	Date