PRIVATE INFORMATION FORM
AUSTIN PEAY STATE UNIVERSITY

Withholding:

I do not want to have my name, address or phone number listed in the Student/Faculty Directory or any other public listing on campus; furthermore, I do not want this information released via phone, personal contact, etc. ***This means we will not be able to release any information (class schedule, etc.) to anyone including daycares, family members or future employers***. **I do** understand that this request is valid until such time that **I** notify the University in writing, to release directory information.

Name: _____

(Last) (First) (MI)

_____

Student ID

_____

Address

_____

Signature Date

Return form to: Office of the Registrar ■ Phone 931-221-7150 ■ Fax 931-221-6264
Ellington Building, Room 316

Privacy Hold Release:

If you would like the privacy hold released, please sign and date below:

_____

Signature Student ID Date

FOR OFFICE USE ONLY

Date Accepted: _____ System Entered Date: _____ (Withhold)

Accepted by: _____

Date Accepted: _____ System Entered Date: _____ (Release)

Accepted by: _____