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PRIVACY INFORMATION FORM

Withhold Information

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 _____
(Please print)

Student ID _____

Address _____
(City, State, Zip)

Signature _____ Date _____

Return form to: Office of the Registrar ■ Phone 931-221-7150 ■ Fax 931-221-6264

Located: Ellington Building, Room 316

Privacy Hold Release

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

Signature _____ Date _____

OFFICE USE ONLY

For Withhold: Date Accepted _____ System Entered Date _____

Initial OTR _____

For Release: Date Accepted _____ System Entered Date _____

Initial OTR _____