

REQUEST TO RESTRICT RELEASE OF ALASKA PACIFIC DIRECTORY INFORMATION

ALASKA PACIFIC UNIVERSITY

Name of Student: _____ (Please Print) APU ID#: _____

SSN: _____

1. I understand that Alaska Pacific University has designated the following as public or "Directory Information." I have checked below that information which I do not want released to anyone other than those individuals I have named on the "Release Form" I have or will submit as appropriate.

(check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Dates of Attendance |
| <input type="checkbox"/> Degree Sought | <input type="checkbox"/> Full or Part-time Enrollment Status |
| <input type="checkbox"/> Major and Minor/Concentration | <input type="checkbox"/> Current Telephone Number
for Publication on Class Rosters |
| <input type="checkbox"/> Expected Date of Degree Completion | |

2. I understand that if I have checked the "Current Telephone Number," I cannot hold the University responsible if I am not notified of class cancellations, time of class meeting changes, etc.

3. I understand that If I wish at some future time to remove the "Hold" on any or all of the above information, I must notify the Registrar's Office in writing.

Signature of Student _____ Date: _____

[Registrar's Office – Created 08/21/00]

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