



LAKE SUPERIOR STATE UNIVERSITY

REQUEST TO RESTRICT DIRECTORY INFORMATION

The items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of our University. Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of any or all of the categories of "Directory Information" listed below.

Please consider very carefully the consequences of any decision by you to withhold any category of "Directory Information". Should you decide to inform the University not to release any or all of this "Directory Information", any future requests for such information from non-University persons or organizations will be refused. The University will honor your request to withhold any of the categories listed below but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the University assumes no liability for honoring your instructions that such information be withheld.

A restriction that you place on your record remains in place until you request, in writing, that the restriction be removed.

Date: _____

Student ID Number: _____

Name (Please Print): _____
(Last) (First) (Middle)

Please check the appropriate categories below to indicate "Directory Information" that you do NOT want released.

- | | | |
|--------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Name* | <input type="checkbox"/> Enrollment Status | <input type="checkbox"/> Awards |
| <input type="checkbox"/> Local Address | <input type="checkbox"/> Dates of Attendance | <input type="checkbox"/> Previous Institution Attended |
| <input type="checkbox"/> Permanent Address | <input type="checkbox"/> Major Field of Study | <input type="checkbox"/> Place of Birth |
| <input type="checkbox"/> Telephone Number | <input type="checkbox"/> Degrees Awarded | <input type="checkbox"/> Height/Weight of Athlete |
| <input type="checkbox"/> Email | <input type="checkbox"/> Honors | <input type="checkbox"/> Participation in officially
Recognized Activities/Sports |

*When you restrict your name, you are telling us that you do not want us to acknowledge you as a student in any way. Your name will not appear in any official University publications nor will we be able to verify your enrollment to any outside source. This also means we will not be able to provide service to you by telephone, nor will we be able to help you in person without proper picture identification.

Signature: _____

Request will NOT be processed without your signature.

Please mail, fax or deliver completed, signed, form to the LSSU Registrar's Office.

Registrar's Office
Lake Superior State University
650 W Easterday Ave; Sault Ste Marie, MI 49783
Phone: 906-635-2682 Fax: 906-635-6202

Office Use Only: Processed : _____
Date/Initials