

Non-Release of Directory Information for Currently Enrolled Students

Name: _____
Last First M.I.

Regis ID: _____ Phone: _____

Email: _____@regis.edu

Note: Your official Regis email account is the only email Regis will accept for correspondence.

I, the undersigned, hereby request Academic Records and Registration to restrict the release of ALL Directory Information, as defined by Regis University, including:

- Name, address, telephone number, email address, dates of attendance and classes.
- Previous institution(s) attended, major field of study, awards, honors and degree(s) conferred.
- Past and present participation in officially recognized sports and activities, physical data concerning athletes (height and weight), date and place of birth.

I understand that no Directory Information will be released unless I, the undersigned, should subsequently revoke this Non-Release of Directory Information in writing.

By signing the Non-Release of Directory Information form, I understand that my name will not be printed in University Student Directories and Commencement Programs. Regis University assumes no liability for honoring instructions that such information be withheld.

This release is binding for one calendar year from the date of the student's signature.

Signature: _____ Date: _____

Expiration Date: _____