

Request to Withhold/Release Directory Information

	Student Information	
Name:	Student G#:	
Address:	Phone #:	
City, State ZIP:	Email Address:	
student. Each college and unive information." The student has t	Valley State University: tain pieces of "directory information" without the ersity identifies what, if any, information will be the legal right to "opt out" of the directory so the itten consent is granted. GVSU directory inform	considered as "directory at <u>no</u> information is released
Local Phone Number, Dates of	information appears in the PeopleFinder on the Attendance, Enrollment Status (less than half-t	ime, half-time or full-time),
	d, Dates of Degrees and Certificates Earned, and directory, nor do we release the directory in an	
Please do not release any o	Instruction to Withhold Directory Information of my directory information. I understand this in ing to Grand Valley State University Student Ass	
	Student Approval	
Student Signature	Student Printed name	// Date
I have previously instructed time please remove the hold on	Authorization to Release Directory Information di Grand Valley State University to withhold my din my directory information. I understand this reling to the Grand Valley State University Student Student Approval	lirectory information. At this ease will be in effect until I
Student Signature	Student Printed name	/ Date

Please contact the office of the Registrar with questions regarding this form. When completed, please return to:

GVSU Student Assistance Center – 1 Campus Dr, 150 STU, Allendale MI 49401

Phone: (616) 331-3327 | Fax: (616) 331-2000 | Email: regdept@gvsu.edu | www.gvsu.edu/registrar