

## Office of the University Registrar

Henry Administration Building, Suite 1200 14000 Jericho Park Road Bowie, Maryland 20715 Phone: 301-860-3730 Fax 301-860-3438

www.bowiestate.edu

## REQUEST TO OPT OUT OF DIRECTORY INFORMATION

LAST NAME (STUDENT)	STUDENT IDENTIFICATION NUMBER
SEMESTER YEAR	
At Bowie State University the followin general public and may be listed in the	g information about a student can, by law, be released to the campus directory:
Permanent address and telephoconfirmation that you are enroll	one number, local address and telephone number, lled
	ed to non-university personnel without your written you will be requesting that information <b>not</b> be released to be campus directory.
address changes with a signed authorize trying to reach you will not be able to a student here will be suppressed, so that	o request confidential status will be that you must make all ation or in person with a form of ID; friends or relatives do so through the University; information that you are a t if loan company, perspective employer, family member, et at that we have no record of your attendance here.
Once you have designated a confidenti signed authorization requesting that it	ial classification, it will not be removed until you submit a be removed.
STUDENT SIGNATURE	DATE

Revised 6/2014