

## STUDENT REQUEST TO WITHHOLD DIRECTORY INFORMATION

**Mail this form to:**  
**Regent University Registrar's Office,**  
**1000 Regent University Dr. SC 235**  
**Virginia Beach, VA 23464**

**OR fax to 757-352-4033**

I hereby request that directory information regarding myself not be disclosed except in case of an emergency. I understand that having this confidentiality block placed on my student record will prevent the University from confirming my enrollment, credit hours, or degree conferred, even to potential employers or institutions I may wish to attend in the future.

I also understand that this confidentiality block will remain in effect even after my graduation or withdrawal from the University, unless I request in writing that it be removed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please print:*

Name \_\_\_\_\_

Student ID # or SS# \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_

Regent School \_\_\_\_\_