



OFFICE OF THE REGISTRAR

777 Glades Road
P.O. Box 3091
Boca Raton, Florida 33431-0991
Telephone: 561.297.3050
Fax: 561.297.2756
e-mail: registrar@fau.edu

REQUEST FOR NON-RELEASE OF DIRECTORY INFORMATION

Student Name: _____

FAU Student I.D. (Z #): _____ Date of Birth: _____

Please code my student record as confidential.

I understand that I will not be listed in the FAU telephone directory.

I request that no information relating to me be published by Florida Atlantic University or released to any agency or person outside the University.

I understand that my information will not be released **UNTIL FURTHER WRITTEN NOTICE BY ME.**

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Processed by: _____ Date: _____