

FLORIDA ATLANTIC UNIVERSITY

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REQUEST FOR NON-RELEASE OF DIRECTORY INFORMATION

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FAU STUDENT ID Z#:	D. O. B
Please code my student record as confident	tial.
understand that I will not be listed in the F	AU telephone directory.
request that no in formation relating to me released to any agency or person outside the	e be published by Florida Atlantic University or he University.
understand that my information will not be	e released UNTIL FURTHER WRITTEN NOTICE BY ME.
SIGNATURE	DATE
FOR	OFFICE USE ONLY
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