

**SOUTHERN ILLINOIS UNIVERSITY  
EDWARDSVILLE**

**STUDENT INFORMATION CONFIDENTIALITY REQUEST FORM**

Name: \_\_\_\_\_  
(Please print) Last Name First Name Middle Initial

Student Identification Number: \_\_\_\_\_

Student Birthdate (MM/DD/YYYY): \_\_\_\_\_

**Note: If employed by the University, please contact the Offices of Human Resources.**

Under Public Law 93-380 as amended, specific types of student information are categorized as "Directory Information." Such information (see items below) will be available to anyone requesting it unless you file a written objection to the release of this information with the Office of the Registrar. This objection will remain in effect until you file a cancellation with the Office of the Registrar.

Directory Information includes:

- Student Name
- Student address and telephone number (local and Home/Permanent)
- Student e-mail address
- Major field of study
- Classification
- Dates of attendance
- Full or part-time status
- Attempted hours
- Degrees and awards earned
- Most recent educational agency or institution attended prior to enrollment at SIUE
- Participation in officially recognized activity or sport
- Weight and height of members of athletic teams
- Date of birth

**Objection to Release of Directory Information (Confidentiality Hold)**

Complete this section if you do not want your personal information released to anyone outside the University without prior written consent, or if you want to cancel a previously filed objection to release of this information.

*Note: This restriction includes but is not limited to telephone inquiries from the filing student, family members, and potential employers.*

**Select one:**

\_\_\_\_\_ I wish to file an objection to the release of Directory Information listed above. I understand this objection will remain in effect until I file a cancellation with the Office of the Registrar and will be omitted from the next SIUE Directory, Dean's List Publications, all web-based University directories, and other University publications. For more information on [Student Data and Personal Identifiable Information](#).

***NOTE: This objection to the release of Directory Information does not prevent publication in commencement-related publications such as the Commencement Program or lists sent to local Newspapers. If you wish to exclude your directory information from commencement-related publications, please indicate this on the Application for Graduation.***

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\_\_\_\_\_ I wish to **cancel** a previously filed objection to the release of Directory Information. I understand SIUE may make available the information shown above to any person requesting this information. The information may also appear in any forthcoming directories.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Email or Mail completed form to:**

SIUE - Service Center:  
Box 1080, Edwardsville IL 62026

Email:  
servicecenter@siue.edu