

ROOSEVELT UNIVERSITY

Office of the Registrar

Request to Withhold Directory Information

For Academic Year: _____
Valid for one academic year

I, _____ Student ID#: _____
Student's Name-please print

Request that my Directory Information be withheld by Roosevelt University.

Address: _____

Phone #: (____) _____ **Fax #:**(____) _____

Email: _____

Directory Information at Roosevelt University:

Directory Information used by Roosevelt University is as follows: student name, dates of enrollment, area of academic concentration and diploma or degree awarded, academic achievements such as Dean's list, and achievements in Campus organizations.

The University Registrar monitors the access to academic records. Please submit this form to the Office of the Registrar of either Campus.

Student's Signature

Date

For Office Use:
Entered into Banner by: _____ Date: _____