## **GEORGIAN COURT UNIVERSITY**

## **Request for Non-Release of Directory Information**

Completed forms should be returned to:

OFFICE OF THE REGISTRAR 900 Lakewood Avenue Lakewood, NJ 08701 www.registrar@georgian.edu

I, \_\_\_\_\_, wish to exercise my right to request that Georgian

Court University not release any information about me, including my directory information\*, to

any party without an express written release. I understand that this action may complicate routine

requests (e.g. routine degree verifications by potential employers) until a proper release can be

submitted. I also understand that this request will remain in effect until I notify the Office of the

Registrar, in writing, otherwise.

Student Signature

Date

Student ID#

ID confirmed: \_\_\_\_\_\_ (Student ID or Valid Driver's License) Office of the Registrar Initials

\*(Georgian Court University defines directory information as: name, address, phone number/E-mail address. Enrollment status, major, participation in officially recognized activities, dates of attendance, degrees and awards received and most recent previous educational institution attended.)