PRIVACY INFORMATION FORM

Withhold Information

I do not want to have my name, address or phone number listed in the <u>Student/Faculty</u> <u>Directory</u> or any other public listing on campus; furthermore, I do not want this information released via phone, personal contact, etc.

This means we will not be able to release any information (class schedule, etc.) to anyone including daycares, family members or future employers.

I do understand that this request is valid until such time that I notify the University in writing to release directory information.

Name							
Name(Please print)							
Student ID							
Address		(City, State, Zip)					
		(City, State, Zip)					
Signature		Date					
Return form to: Office of the Registrar ■ Phone 931-221-7150 ■ Fax 931-221-6264							
Located: Ellington Building, Room 316							
Privacy Hold Release							
If you would like the privacy hold released, please sign and date below:							
Signature		Date					
OFFICE USE ONLY	Deta Assented	Custom Entered Date					
For Withhold:	Date Accepted	System Entered Date					
Initial OTR							
********	******						
For Release:	Date Accepted	System Entered Date					
Initial OTR	<u> </u>						