



FLORIDA STATE UNIVERSITY

Request to Prevent Release or Publication of Directory Information

Revised 3/3/2017

_____ Last Name	_____ First Name	_____ Middle Initial	_____ EMPLID or FSU Email
--------------------	---------------------	-------------------------	------------------------------

I, _____ hereby request that Florida State University refrain from releasing or publishing my DIRECTORY INFORMATION.

I acknowledge that this prevents publication of my information, including but not limited to, the following:

- academic certification requests by or for employers, insurance companies, etc.
- requests for information by or for parents, spouses or other family members
- publication in the online FSU Telephone Directory
- other media acknowledging a relationship between myself and the University

I understand that this request will remain in effect until a release for publication is reinstated by my written request to the Office of the University Registrar (A3900 University Center), Florida State University, Tallahassee, FL 32306-2480.

Student's Signature

Date

Office of the University Registrar

Received by:

University Official

Date

Identification Verified:

Type of I.D.

Date

Processed by:

University Official

Date