## REQUEST TO WITHHOLD STUDENT DIRECTORY INFORMATION

Name (Please Print)			
	Date of Birth	NUID#	
	questing Chadron State College withhounce. I understand that Directory Infor	old Directory Information regarding my mation includes all of the following:	
1.	Student's name		
2.	Permanent address: limited to the ide	entification of city, state and country	
3.	Participation in officially recognized	activities and sports	
4.	Weight, height and photographs of a	thletic teams members	
5.	Degrees, honors and awards received	l	
6.	Major field of study		
7.	Dates of attendance (only beginning	and end dates of semesters)	
8.	Year in school		
9.	Enrollment status (full/part-time)		
10	. The most recent previous educationa	l agency or institution attended	
	Signature of Student	Date	
	To be completed by Chad	ron State College personnel	
	- •	nformation placed by:	
	Signature of CSC personnel	Date	

Please return to the office of the Vice President for Enrollment Management/Marketing, 336 Crites Hall.

## RELEASE OF DIRECTORY INFORMATION HOLD

I,			
Name (Please l	Print)		
Date of Birth	Student ID #		
no longer request that my Directory Informatic College from any responsibility to withhold puthe form in received in the office of the Vice Management/Marketing.	public Directory Information from the date		
Signature of Student	Date		
To be completed by Chadro Release of Director			
Signature of CSC Official	Date		