



**REQUEST TO REVOKE DIRECTORY
INFORMATION RELEASE**

Student Name:

I, the undersigned, hereby revoke consent of Columbia Southern University (CSU) to release any directory information contained in my student records. Directory information is identified by CSU as name, address, telephone number, email address, date and place of birth, honors and awards, dates of attendance, major field of study, enrollment status, previous institutions attended, photograph or other comparable information.

Legal Name (Print)			
Student ID Number		Last 4 Digits of SSN	

Please check one of the following:

Revoke Individual
 Name: _____
 Relationship to student: _____

Revoke all parties *

*FERPA allows schools to disclose student records, without consent to the following parties:

- School officials with legitimate educational interest
- Other schools to which a student is transferring
- Specified officials for audit of evaluation purposes
- Appropriate parties in connection with financial aid to a student
- Organizations conducting certain studies for or on behalf of the school
- Accrediting organizations
- Appropriate officials in cases of health and safety emergencies
- State and local authorities

Signature: _____

PLEASE PRINT AND SIGN THIS FORM. THIS SIGNED FORM MUST BE MAILED, EMAILED, OR FAXED ALONG WITH PHOTOCOPIED PROOF OF IDENTIFICATION (i.e. Drivers License, Social Security Card, etc.) TO:

ATTN: Office of the Registrar
 Columbia Southern University
 P.O. Box 3110
 Orange Beach, Alabama 36561
 Fax: (251) 224-0575
Registrar@ColumbiaSouthern.edu

The Office of the Registrar will confirm that your student directory information is being held confidential upon receipt of request.