



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)	Last:	First:	Middle:
Student ID Number		Last 4 Digits of SSN	

Signature:

PLEASE PRINT AND SIGN THIS FORM. THIS SIGNED FORM MUST BE MAILED OR FAXED ALONG WITH A PHOTOCOPIED PROOF OF IDENTIFICATION (ie. 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

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