



Request to Opt Out of Directory Information

Office of the Registrar
9700 West Taron Drive
Elk Grove, CA 95757
CNRegistrar@cnsu.edu

STUDENT INFORMATION

Name: _____
Last First Middle

Student ID#: _____ Class of: _____ Date of Birth: _____ Last 4 digits of SSN: _____

Effective (check one): Fall Semester Spring Semester Year: _____

At California Northstate University the following information about a student can, by law, be released to the general public and may be listed in the campus directory:

- Name
- E-mail Address
- Photo
- Major field of study
- Classification (Class of/Graduate)
- Enrollment status
- Dates of attendance
- Club and/or organization memberships
- Degrees, honors and awards received
- The most recent educational agency or institution attended with undergraduate degree

No other student information is released to non-university personnel without your written permission. By completing this form, you will be requesting that information **not** be released to non-university personnel or listed in the campus directory.

Some of the effects of your decision to request confidential status will be that you must make all address changes with a signed authorization or in person with a form of ID; friends or relatives trying to reach you will not be able to do so through the University; information that you are a student here will be suppressed, so that if a loan company, perspective employer, family member, etc. inquire about you they will be informed that we have no record of your attendance here and or requests will be refused. Additionally, your name will be omitted from all ceremony programs and any academic lists such as President's List and/or Dean's List.

Once you have designated a confidential classification, it will not be removed until you submit a signed authorization requesting that it be removed.

The institution will honor your request to withhold information but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

Once you have designated a confidential classification, it will not be removed until you submit a signed authorization requesting that it be removed.

I hereby authorize the Office of the Registrar at California Northstate University to place a non-disclosure block on my education record.

Student Signature: _____

Date: _____

OFFICE OF THE REGISTRAR USE ONLY

Date Received: _____

Date Processed: _____

Processed By: _____

Updated 10/13 OR