



REGENT UNIVERSITY
STUDENT REQUEST TO WITHHOLD DIRECTORY INFORMATION

I hereby request that directory information regarding myself not be disclosed except in case of an emergency. I understand that having this confidentiality block placed on my student record will prevent the University from confirming my enrollment, credit hours, or degree conferred, even to potential employers or institutions I may wish to attend in the future.

I also understand that this confidentiality block will remain in effect even after my graduation or withdrawal from the University, unless I request in writing that it be removed.

Signature _____ Date _____

Please print:

Name _____

Student ID # or SS# _____ Date of Birth _____

Address _____

Phone# _____

Regent school in which you are enrolled _____

Fax this form to:
757-352-4033

OR scan & email to: registrar@regent.edu

OR mail to:
Regent University Registrar's Office,
1000 Regent University Dr. SC 218
Virginia Beach, VA 23464

Registrar's Office Use

Entered in SPAIDEN _____ Staff Initials _____ Date _____