



FLORIDA ATLANTIC UNIVERSITY

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REQUEST FOR NON-RELEASE OF DIRECTORY INFORMATION

STUDENT NAME:

FAU STUDENT ID Z#: _____

Please code my student record as confidential.

I understand that I will not be listed in the FAU telephone directory.

I request that no information relating to me be published by Florida Atlantic University or released to any agency or person outside the University.

I understand that my information will not be released UNTIL FURTHER WRITTEN NOTICE BY ME.

SIGNATURE

DATE

FOR OFFICE USE ONLY

Processed by _____ Date: _____

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