

STUDENT ID: _____ PHONE NUMBER: _____
 LAST NAME: _____ FIRST NAME: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

THIS FORM MAY ONLY BE SUBMITTED BY THE STUDENT

Instructions: This request becomes effective beginning the semester it is submitted through the end of students' academic tenure at the university. Students who wish this request to be withdrawn must submit their request in writing. Before signing this form, you should carefully read the following:

- This form will prevent the Registrar's Office from verifying any directory information regarding your record to anyone, including yourself, over the telephone or in writing without your signed, written consent.
- This form will prevent verification for purposes of employment, loans, credit card applications and insurance.
- Always bring picture identification with you for in-person inquiries. We will not release information without positive identification.
- Students who obtain a campus e-mail account should be aware that name, student status and e-mail addresses cannot be withheld from Internet access.

If, after having considered this information, you would like to request that directory information be with-held, please sign and date the form below and return this completed form to:

The Registrar's Office
 CSU Dominguez Hills
 1000 E. Victoria Street
 Carson, California 90747

PRIVACY DECLARATION

I hereby request that the public directory information as described in the current *University Catalog* under Privacy Rights of Students in Education Records, not be released. I understand that this request is valid from the semester submitted through the end of the student's academic tenure at the California State University, Dominguez Hills.

Student Signature

Date

FOR OFFICE USE ONLY

Processed By: _____

Date: _____