

## REQUEST TO WITHHOLD DIRECTORY INFORMATION

Warner Pacific University considers the following to be student directory information which may be released to anyone upon request:

- Name
- Address (local and home)
- E-mail address (WPU and personal)
- Telephone number (local, home, and cellular)
- Date of birth
- Photograph
- Most recent educational institution attended
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Academic program of study
- Dates of attendance
- Enrollment status (full-time, part-time, etc)
- Class standing (freshman, sophomore, etc)
- Expected date of graduation
- Degrees conferred and date of conferral
- Academic honors and awards received (dean's list, cum laude, etc)

This list has been carefully compiled to protect the privacy of students, while still allowing the University to provide outside parties with necessary details about the student's enrollment status (e.g. loan deferments, insurance waivers, loan applications, etc.) It should also be noted that the Records Office screens calls carefully to determine the legitimacy of the request before giving out any personal information (directory or otherwise) on current students.

Students who do not wish to have directory information released by the University may complete the request form below and file it with the Records Office. Doing so will prevent university staff from acknowledging the student's enrollment in any public forum including, but not limited to confirming the student's enrollment status to prospective employers, loan companies, and other parties.

Requests to withhold directory information has been filed, it will be in force until the student submits a written and signed request for it to be rescinded.

Please complete the information below, sign, and submit to the Records Office.

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## REQUEST TO WITHHOLD ALL DIRECTORY INFORMATION

I hereby request that Warner Pacific University withhold all Directory Information pertaining to my personal and academic records as listed above. I understand this request remains in force unless I submit a written and signed request for it to be rescinded.

Name \_\_\_\_\_ ID # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_