CARROLL
UNIVERSITY

Instruction to Withhold the Release of Nonconfidential Information

Name: _____ Prior Name _____

Social Security or ID Number _____ Date of Birth _____

Current Address _____
City State Zip

Permanent Address _____
City State Zip

As a current or former student at Carroll University, Waukesha, Wisconsin, and being 18 years of age or older, I hearby exercise my right under the Family Educational Rights and Privacy Act of 1974 that the release of the following categories of directory information be withheld until such time I revoke this instruction to withhold information. This includes directory information from People Finder on my.carrollu.edu. The Carroll University employee & student look up search engine.

By my signature below, I am instructing Carroll University to withhold the release of the following directory information.

Name	Dates of Attendance
Address	Degrees and Awards Received
Telephone Listing	Most Recent Previous Educational Agency or Institution
Date and Place of Birth	Attended Student Photograph
Major Field of Study	Participation in Officially Recognized Activities or Sports
E-mail Address	Weight and Height while Participant on a Carroll University Athletic Team

I understand that I may revoke this instruction to withhold such directory information at any time by declaration in writing, which will be effective upon delivery to the Registrar's Office at Carroll University. Unless I revoke my request, this instruction to withhold the release of directory information will continue to remain in effect.

_____ _____
Signature of Subject of Record Date

_____ _____
Signature of Carroll University Representative Date