

## Request to Prevent Disclosure of Directory Information

Please complete, print (see "Print Form" button above), sign, and return this form to the Office of Records and Registration, University Hall, One University Plaza, MS UHB 1076, Springfield, IL 62703-5407. Forms are processed on a weekly basis. Please be sure to carefully complete all information prior to printing the document.

Last Name		First Name	UIN
Under the provisions of the Fa disclosure of any "Directory Inf	•	•	, you have the right to withhold the
Please consider very carefully the consequences of any decision by you to withhold Directory Information. Should you decide to inform UIS not to release Directory Information, requests from non-institutional persons or organizations will be refused. The institution will honor your request to withhold Directory Information, but cannot assume responsibility to contact you for subsequent permission to release information. For example, if you request that UIS withhold information, your name will not appear in any printed programs or be released to any newspapers. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that information be withheld.			
acknowledging the fact that ye	ou have read and understand		osed. By signing below, you are scribed above. This non-disclosure will be inactivate the non-disclosure.
Student Signature		 Date	
This form should be submitted summer term).	l to the Office of Records and	Registration prior to the tenth o	lass day of the semester (fifth day of the
Copies: Original: Permanent File Program Office(s) Notification (sent via official U Student	S Email by the Office of Recor	ds and Registration):	For Office Use Only  Processed By:  Date:
Telephone (217) 206-6174	Toll-free (888) 977-4847	Fay (217) 206-6620	Email registrar@uis edu