

**Non-Release of Directory Information  
For Currently Enrolled Students**

Regis ID # \_\_\_\_\_

Legal Name \_\_\_\_\_  
Last First Middle

Regis E-mail \_\_\_\_\_@regis.edu Phone: \_\_\_\_\_

I, the undersigned, hereby request Academic Records and Registration to restrict the release of ALL Directory Information, as defined by Regis University, including:

- Name, address, telephone number, e-mail address, dates of attendance, classes.
- Previous institution(s) attended, major field of study, awards, honors, degree(s) conferred.
- Past and present participation in officially recognized sports and activities, physical data concerning athletes (height and weight), date, and place of birth.

I understand that no Directory Information will be released unless I, the undersigned, should subsequently revoke this Non-Release of Directory Information in writing.

**By signing the Non-Release of Directory Information form, I understand that my name will not be printed in University Student Directories and Commencement Programs. Regis University assumes no liability for honoring instructions that such information be withheld.**

*This release is binding for one calendar year from the date of the student's signature.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date:

Expiration Date: \_\_\_\_\_

A legible photocopy or facsimile of this document is as valid as the original.