
**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.