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Student ID Number

Last Name (Please print clearly)

First

Middle

I am requesting that my Xavier University academic record be made confidential until such time as I provide a written notice to withdraw this confidentiality request. I understand this prevents the release of any directory information concerning my education record and that directory information at Xavier University includes:

- student name
- all addresses (including email) and telephone listings
- date and place of birth
- any photographs including ALL Card photo
- major field of study
- number of hours registered and full or part-time status
- class standing (freshman, sophomore, junior, senior, graduate)
- participation in officially recognized activities and sports
- weight and height of members of athletic teams
- dates of attendance
- degrees awarded and total hours earned
- special honors and awards
- the most recent previous educational agency or institution attended by the student

For more information about educational record privacy, please refer to the Xavier University Catalog.

Please make my Xavier University academic record confidential.

Student's Signature

Date

Current phone number

Please note: We strongly encourage students to file a report with Campus Police in harassment or intimidation is occurring.

Office use only: Processed by (initials): _____ Date: _____