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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.

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### **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 if harassment or intimidation is occurring.

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Office use only: Processed by (initials): \_\_\_\_\_ Date: \_\_\_\_\_