



Xavier University, Office of the Registrar, email: xureg@xavier.edu, phone: 513-745-3941, fax: 513-745-2969

CONFIDENTIALITY REQUEST

I am requesting that my Xavier University academic record be made confidential. I understand this request prevents the release of any directory information concerning my record. Directory Information includes:

- | | |
|---|--|
| Student name | Class standing |
| All addresses, including email | Dates of attendance |
| Telephone listings | Degrees awarded and total hours earned |
| Photograph, including ALL Card photo | Special honors and awards |
| Major field(s) of study | Most recent institutions attended |
| Number of hours registered | Participation in official activities and sports |
| Full or part-time status | Birth date / Birth place |

For more information about Privacy Rights, please refer to the Xavier University Catalog.

Xavier University will honor this request until the student withdraws it, which must be done in writing.

Please make my Xavier University record confidential.

Name: _____

Banner ID or SS#: _____

Local Address: _____

Phone Number: _____

Email: _____

Signature: _____ Date: _____

Please note:

**We strongly encourage students to file a report with Campus Police
if harassment or intimidation is occurring.**

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