O ce of the Registrar
907-474-6300 • 877-474-6046

uaf-registrar@alaska.edu

REQUEST TO WITHHOLD OR RELEASE D

Student name UA ID

Student Signature Date

Records/processing: Date: 10/2017

The university may release certain directory information to the public on a routine basis unless a student requests, in writing or via UAOnline, that the university may not release it. Please use this form to request that directory information either be withheld or released.
Any request to withhold directory information will remain in e ect until a student provides permission, in writing or via UAOnline, for the university to release such. After that, information will be released when appropriate.
Names of students who have requested their directory information be withheld
• will not appear in the published university chancellor’s and dean’s lists, commencement programs, media publications, directories and other university publications.
• will not be able to have their attendance and/or degree veri ed by a third party (i.e. National Student Clearinghouse).

Photo ID will be required to discuss your account.

Directory Information subject to release:
1. Name

2. Electronic mail (e-mail) addresses
3. Hometown: city, state
4. Weight and height of students on athletic teams
5. Dates of attendance at UAF
6. Program/major eld(s) of study
7. Degrees and certi cates received, including dates
8. Participation in o cially recognized university activities
9. Academic and co-curricular honors, awards and scholarships, including
dates received.

Please select one of the following requests and return to the O ce of the Registrar:

____ request my directory information not be disclosed.

____ request that you release the con dentiality hold on my records at UAF, making my directory information available for release.

Legible photocopy of government issued photo ID must accompany this request.

PICTURE ID IS REQUIRED WITH THIS FORM
If mailed or faxed, legible and enlarged photocopy of ID with a signature is required.