Student Confidentiality Request

The Student Confidentiality Request form is available for individuals to request that their directory information is withheld or to allow for directory information to be disclosed. Please fill out and sign the appropriate section and return completed to the Registrar's office.

Request to Apply Confidentiality Block

I hereby request that directory information regarding myself **not be disclosed** except in case of an emergency. I understand that having this confidentiality block placed on my student record will prevent the University from confirming my enrollment, credit hours, or degree conferred, even to potential employers or institutions I may wish to attend in the future.

I also understand that this confidentiality block will remain in effect even after my graduation or withdrawal from the University, unless I request in writing that it be removed.

Signature_____ Date:_____

Please print:

Name:_____ Student ID:_____

Regent Email: _____Phone#_____

Request to Remove Confidentiality Block

I hereby request that the Confidentiality block that was placed on my account be removed to allow for directory information regarding myself to be disclosed with or without my consent.

I understand that directory information at Regent University includes name, address, telephone number, email address, date and place of birth, major field of study, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student, photograph and participation in officially recognized activities, and that only the Registrar's Office may disseminate this information.

I also understand that if I wish to prevent directory information regarding myself to be disclosed, I must submit a request to apply a confidentiality block.

Signature_____ Date:_____

Please print:
Name:_____ Student ID:_____
Regent Email: _____Phone#_____