



REQUEST FOR NON-DISCLOSURE OF DIRECTORY INFORMATION

This request for non-disclosure of information will be honored by the university until such time the student requests in writing that the directory information again be made public.

To the Dean of Students:

I, _____, request that you do not release any of my directory information.

Name: _____

ID #: _____

Address: _____

Phone #: _____

Date: _____

Signature

Please send this form to:

Western Connecticut State University, 181 White Street, Danbury, CT 06810, Student Affairs.

You may also fax it to 203-837-8539 or drop it off in Old Main 306.