

University of Hawai`i at Hilo  
**Request to Keep Directory Information Confidential**  
For Currently Registered Students ONLY

*Return completed form to the Office of the Registrar , OSS Bldg Rm 101*

Print Name: \_\_\_\_\_ Student ID No. \_\_\_\_\_  
(Last) (First) (M.I.)

Email: \_\_\_\_\_@hawaii.edu Phone #: \_\_\_\_\_

Currently enrolled for: Semester: \_\_\_\_\_ Year: \_\_\_\_\_

I request that the following information **NOT BE RELEASED** to third parties:

- Name of student
- Local address and zip code
- Local telephone number
- Major field of study
- Educational Level
- Fact of participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Dates of attendance
- Enrollment status (full- or part-time)
- Most recent educational institution attended
- Degrees & Awards Received
- Campus-based e-mail address
- Photographs
- Dean's List

To revoke this request, I must do so in writing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Office of the Registrar Use:*

*Date Received:* \_\_\_\_\_ *SPAPERS:* \_\_\_\_\_ *Processed By:* \_\_\_\_\_