

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
- Local telephone number
- Major/Field of Study
- Dates of Attendance
- Educational Level
- Degrees & Awards
- Campus-based e-mail address

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

Signed: _____ Date: _____
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Office of the Registrar Use:

Date Received: _____ *SPAPERS:* _____ *Processed By:* _____