

Complete, print, sign and submit the form by one of the following methods: Fax (470) 578-9097; mail: Office of the Registrar, 585 Cobb Avenue, MD 0116, ATTN: Directory Information, Kennesaw, GA 30144-5591; scan and email form to registrar@kennesaw.edu; or bring the form to: **Kennesaw Campus** - GATES (a division of the Office of the Registrar) or **Marietta Campus** - Building B, M-F, 8 am to 5 pm.

**RELEASE OF DIRECTORY INFORMATION  
KENNESAW STATE UNIVERSITY**

NAME

KSU ID #

Phone Number

Email Address

Petitioned to Graduate: YES

NO

The items listed below are designated as "Directory Information" at Kennesaw State University and may be released for any purpose at the discretion of Kennesaw State University.

- Name
- Major
- Advisor
- Dates of Attendance
- Degrees Awarded
- Participation in Recognized Activities and Sports
- Weight and Height of Athletic Participants

Under the provisions of the Family Education Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of the categories of "Directory Information" listed above.

***Please consider very carefully the consequences of any decision by you to withhold "Directory Information." Should you decide to inform Kennesaw State University not to release this "Directory Information," any future requests for such information from non-institutional persons or organizations will be refused. Directory information will also be withheld from a variety of sources including YOU - THE STUDENT (without photo ID), friends, relatives, prospective employers, honors societies, news media, and institutional publications such as graduation lists and programs.***

***Kennesaw State University will honor your request to withhold any "Directory Information" but cannot assume responsibility to contact you for subsequent permissions to release them. Regardless of the effect upon you, Kennesaw State University assumes no liability for honoring your instructions that such information be withheld.***

SELECT ONE OF THE FOLLOWING:

I have read the above and I wish Kennesaw State University to **withhold** "General Directory Information" for me.

I request to **remove the confidential indicator** from my records.

Student Signature \_\_\_\_\_

Date