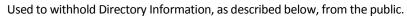
Withhold Directory Information





NDNU ID #			
Last Name		First Name	Middle Name
Policy			
1.	As permitted under FERPA, the University <i>may</i> release the following Directory Information to anyone upon request:		
2.	 Student's Name Address (campus, local and/or permanent) Telephone numbers Date and place of birth Major Field of study and classification Dates of attendance, degrees, and honors received Most recent previous educational institution attended Weight and height of members of intercollegiate athletic teams Information will be withheld and released only with written permission. 		
3.	Upon receipt of this form, Directory Information will be withheld from classmates, other students, and outside (public) inquiries. We do not provide listings and addresses of the entire student body to outside entities.		
4.	Student records are available to authorized university personnel for internal use. Pertinent information is released in accordance with any agreements you have signed for loans or scholarships.		
Signature			
I hereby request that my directory information be withheld.			
Student Signature Date			