



College of Continuing
and Professional Education

Release of Directory Information

REGISTRATION SERVICES

Phone: 470-578-6765 • Fax: 470-578-9085

STUDENT
INFORMATION

Name: _____ Student ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Secondary Phone Number: _____ Email Address: _____

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 , Address, Telephone Number, Date & Place of Birth
- Major
- Advisor
- Dates of Attendance, Honors & Awards
- 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.

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.



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SELECT ONE OF THE FOLLOWING:

- I have read the above and I wish Kennesaw State University to withhold my "General Directory Information."
- I request to remove the confidential indicator from my records.

STUDENT SIGNATURE: _____ DATE: _____

Return the completed and signed form to the Registration Office for the College of Continuing & Professional Education.

- 1) By email to: cerrecords@kennesaw.edu
- 2) By Fax: (470)578-9085, Attn: Records Coordinator
- 3) Mail the form to:

College of Continuing & Professional Education
Kennesaw State University
ATTN: Registration, Records Coordinator
3333 Busbee Drive, MB 3301
Kennesaw, GA 30144

- 4) Drop off form in-person during normal business hours:

KSU Center, Registration Office
3333 Busbee Drive
Kennesaw, GA 30144

FOR OFFICE USE ONLY

EMS Record Marked		Initials	Date
Yes	No	Initials	Date