

It is the general policy of the university not to release directory information (please refer to the academic catalogue for further definition of what constitutes Directory Information) regarding its students unless, in the judgment of the appropriate record custodian or other officials with record access, such release either serves a legitimate educational purpose or is not adverse to the interests and privacy of the student. However, the student may request that certain categories of directory information not be released to the public without his/her written consent. In completing this form, you are requesting that APU restrict access to the following Directory Information that you specify:

## Restricting Request

Information to be Restricted		
<i><b>First Name</b></i>	<i><b>Last Name</b></i>	<i><b>APU Student ID</b></i>
<p><b>I am requesting the APU restrict release of the following categories of Directory Information:</b></p> <ul style="list-style-type: none"> <li>Name of Student</li> <li>Email Address</li> <li>Telephone Number (both local and permanent)</li> <li>Photographs</li> <li>Dates of Registered Attendance</li> <li>Enrollment Status (e.g., full-time or part-time)</li> <li>School or Division of Enrollment</li> <li>Major Field of Study</li> <li>Nature and dates of degrees and awards received</li> <li>Participation in officially recognized activities and sports</li> <li>Weight and Height of Members of Athletic Teams</li> </ul>		
<p><i>I know that the Family Education Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student educational records and limits access to the information contained in those records. I understand that by signing this completed form, I am requesting changes that affect my directory information only, and that all educational information will remain protected unless I choose to release them separately. I authorize Azusa Pacific University to retain a copy of this approval in my permanent educational file. I understand that all requested changes will be reflected in my record indefinitely, unless I revoke this permission.</i></p>		
<hr style="border: 0; border-top: 1px solid black;"/> Student Signature		<hr style="border: 0; border-top: 1px solid black;"/> Date

**Please submit this form to the Student Services Center.**

Azusa Pacific University • Student Services Center  
 901 E. Alosta Avenue, P.O. Box 7000 • Azusa, CA 91702-7000  
 Email: [ssc@apu.edu](mailto:ssc@apu.edu) • Phone (626) 815-2020 • Fax (626) 815-3809