

University of Colorado Denver

Anschutz Medical Campus · Downtown Campus

Office of the Registrar

Anschutz Medical Campus

Campus Box A054
13120 E. 19th Ave.
Aurora CO 80045

Phone: 303-724-8059

Fax: 303-724-8060

Email: student.services@ucdenver.edu

Downtown Campus

1250 14th Street, Annex
Campus Box 167
P.O. Box 173364
Denver, CO 80217-3364

Phone: 303-556-2389

Fax: 303-556-4829

Email: registrar@ucdenver.edu

Request to Prevent Disclosure of Directory Information

The following items are designated "Directory Information" and may be released at the discretion of the University of Colorado Denver unless a student files a request to prevent its disclosure:

- Name
- Address
- E-mail address
- Telephone number
- Dates of attendance
- Registration status
- Class
- Major
- Awards
- Degrees conferred
- Past and present participation in officially recognized sports and noncurricular activities
- Physical factors (height, weight) of athletes
- Photos

Please consider very carefully the consequences of filing a request to withhold directory information. If you file a request to prevent disclosure of directory information, any future inquiries from persons or organizations other than those employed by the University of Colorado will be refused and any information that you request must be done in person with picture identification. You must present yourself in person with positive picture identified not only to request non-disclosure of directory information but also to remove your request. The only organizations outside of the university that are exempt from a student's request to prevent non-disclosure of directory information are agencies providing financial assistance for educational purposes to the student that are inquiring for purposes of enrollment verification and loan deferment.

I request that the University no disclose "Directory Information" about me to any person or organization outside the university except for my educational lenders.

printed name

signature

social security number

date

I wish to cancel my previous request of non-disclosure of my "Directory Information."

printed name

signature

social security number

date