Request to PreventDisclosure of Directory Information

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. Any information that you request must be done in person with picture identification.

Please Note: You must submit your request in person with picture identification (Driver License, State ID card, etc.) not only to request non-disclosure of directory information but also to remove your request.

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 • Email address • Phone number • Dates of Attendance • Previous institutions attended
• School/College or division of enrollment • Registration/enrollment status • Academic level • Major/minor or field of study • Awards • Employment related to student status (Teaching Assistant, Work-Study, etc.) • Degree(s) conferred • Past and present participation in officially recognized sports and non-curricular activities • Physical factors (height, weight) of athletes • Photos

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 of Colorado Denver does not disclose “Directory Information” about me to any person or organization outside the university except for my educational lenders. (Photo identification required.)

Printed Name__________________________________________Signature__________________________________________

Student ID Number____________________________________Date______________________________________________

I wish to cancel my previous request of non-disclosure of my “Directory Information.” (Photo identification required.)

Printed Name__________________________________________Signature__________________________________________

Student ID Number____________________________________Date______________________________________________