

This form can be submitted to the Office of Admission and Records in the situation that a you (the student/former student) wish to restrict the release of any part of your academic record.

Typically, our office releases Directory Information without a student's consent. Directory Information is: a student's name, email address, degree/certificate program of study, concentration of study, dates of attendance, any degrees or certificates received and conferral date. To prevent this information from being provided to anyone inquiring, complete this form.

Student Information:

Last Name: _____ First Name: _____

(if known) CGU ID #254 - _____

Academic Department: _____ Degree Program: _____

By signing this form, I request that my academic record, including directory information, be withheld from anyone outside of CGU who is not an agent of the institution.

✍ Student's Signature: _____ Date: _____

For processing

Date Received: _____

Processed (stamp):

Comments: