

Henderson State University
Non-Release of Directory Information Form

Name: _____ **Student ID:** _____
 First Middle Last

Current Address: _____

Phone Number: _____

HSU E-Mail Address: _____

By submitting this form I am indicating I do not want my directory information released without my consent. I understand that I must renew this request each academic year by the date specified in the Notification of Student Privacy Rights.

Student Name (Print): _____

Student Signature: _____ **Date:** _____

This form must be submitted to the Registrar's Office at Henderson State University and will be accepted only with the following methods of delivery:

- Walk-In
- Postage Mail
- Fax
- Emails (must come from student's @reddies.hsu.edu email account)