



# Student Directory Privacy Request

Office of the Registrar

P.O. Box 261954 • Conway, SC 29528-6054  
843-349-2019 • 843-349-2909 fax • coastal.edu/registrar

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student ID number \_\_\_\_\_

Please check as applicable:  Faculty  Staff  Student

**NOTE: This Student Directory Privacy Request form is applicable ONLY for privacy regarding exclusion from the Student Directory.**

The electronic student directory is produced each fall and spring semester. I understand that this completed form must be submitted within 14 days after the beginning of the semester in order to be omitted from the directory for the respective semester. I understand that this privacy request WILL be honored until I revoke this request by signing the CANCEL/DELETE statement below.

► Do not include any information about me in the Student Directory.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This completed form must be submitted to the Office of the Registrar, Baxley Hall 222.

**OFFICE USE ONLY**  
Processed by \_\_\_\_\_ Date \_\_\_\_\_

To cancel/delete the privacy request listed above, please complete this section and submit the completed form to the Office of the Registrar, Baxley Hall 222.

► Please CANCEL/DELETE my Privacy Request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**  
Processed by \_\_\_\_\_ Date \_\_\_\_\_