Instructions: This form from public inquiry.	n is to be completed by	the student to request that directory information be withheld
records. Directory inforr request, in accordance	mation is considered po with existing law. Any	education records: directory information and other student ublic information and will be released by the University upon student who does not wish directory information released must ng such with the Office of the Registrar.
released outside the Ur	niversity except as requ	, hereby request that my directory information not be uired by Federal or State law. I understand that this request is uest in writing that the hold(s) be removed.
Student ¶ V <b>D#</b> :		
Student ¶ <b>S</b> ignature:		
	*Signature requi	red ±request will not be processed if omitted.
Sub	Ch 95	D U ¶Coo2 Administration Building Room 128 icago State University 501 South King Drive Chicago, IL 60628
OFFICE USE ONLY Stamp Date Received		
ID Provided:		
& 6 &Cougar UID	State ID	'ULYHU¶V /LFHQV <b>P</b> lassport