MIDDLE TENNESSEE STATE UNIVERSITY
RECORDS OFFICE
106 Cope Administration Building
1301 East Main Street
Murfreesboro, TN 37132
Fax: 615-898-5538

REQUEST FOR NONRELEASE OF DIRECTORY INFORMATION

Name _____
Last First Middle

Social Security # _____ Date _____

I request that no information concerning me be released to anyone other than those persons defined as school officials (See MTSU Catalog, Access to School Records). Filing of this form will not cause Middle Tennessee State University to discontinue verification of enrollment to lending agencies. MTSU will make every effort to prevent your e-mail address being released. However, e-mail addresses may be available from sources other than MTSU.

MTSU assumes no liability for honoring your instructions to release no information.

I understand this request is valid until:

____ the end of the current term.

____ until I graduate or cease enrollment. If I re-enroll at MTSU and want to restrict access to directory information at that time, I will complete another Request for Nonrelease of Directory Information form.

____ indefinitely. I will notify the Records Office when I want to resume the release of directory information.

I understand it may take at least a week from the date of receipt for all of the offices listed below to process this nonrelease.

_____
Student's Signature

cc Student
Post Office
Records
Telecommunications
Division of Information Technology
University Housing
Public Safety & Security
Student Information Services
Coordinator for Judicial Affairs

Date Entered: _____ Date Removed: _____
Staff Signature Staff Signature