

KUMC  
Office of the Registrar  
Mail Stop 4029  
3901 Rainbow Blvd.  
Kansas City, KS 66160

## REQUEST TO PLACE RESTRICTIONS ON THE RELEASE OF INFORMATION TO PUBLIC INQUIRY

\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
KUID Number

Federal law and University policies allow the Office of Registrar to release to the public the following information on any enrolled student (unless the student requests otherwise):

- |  |   |
|--|---|
| *Name  | * Participation in officially recognized activities and sports  |
| *Current Address   | * Height and weight of members of athletic teams  |
| *Current Telephone   | * Dates of Attendance   |
| *Permanent Address   | * Degrees and Awards Received   |
| *E-mail Address  | * Date of Birth   |
| *Major Field of Study  | * Most recent previous educational institution attended by the students   |
| *Enrollment Status (full-time/half-time/less than half-time) | * The name(s) and address(es) of the student's parent(s) or guardian(s) may be disclosed when used for an official University news release about the student's receipt of degrees or awards or about participation in officially recognized activities or sports. |
|  | * The name(s), position(s), length of service and courses taught may be disclosed for student employees.  |

### REQUEST TO PLACE RESTRICTIONS ON THE RELEASE OF PUBLIC INFORMATION TO PUBLIC INQUIRY

I request that the University withhold all information from anyone outside of the University Inquiry about me or my attendance at the University of Kansas (unless the requestor presents Written authorization signed by me). I understand that once this restriction is placed on my records, It will continue until I submit a written request to discontinue the restriction, in writing, to the Office of Registrar.

I understand that this request **does** include withholding my name (and other information) from Publication in the University Telephone Directory and only if, it is submitted during the **week before or week of the first day of fall semester classes**.

I understand that this request **does not** include withholding my name (and other information) From the Commencement Program. (If this is desired, this should be so noted by the student on the Application for Degree).

Signature \_\_\_\_\_

Date \_\_\_\_\_

### REQUEST TO REMOVE RESTRICTIONS

I request cancellation of my earlier request to restrict release of information to public inquiry.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office use only:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

10/04