



Request For Non-Release Of Directory Information

Completed forms should be returned to:

OFFICE OF THE REGISTRAR

900 Lakewood Avenue

Lakewood, NJ 08701

www.registrar@georgian.edu

I, _____, wish to exercise my right to request that Georgian Court University not release any information about me, including my directory information*, to any party without an express written release. I understand that this action may complicate routine requests (e.g. routine degree verifications by potential employers) until a proper release can be submitted. I also understand that this request will remain in effect until I notify the Office of the Registrar, in writing, otherwise.

Student Signature

Date

Student ID#

ID confirmed: _____
(Student ID or Valid Driver's License)
Office of the Registrar Initials

*(Georgian Court University defines directory information as: name, address, phone number/E-mail address. Enrollment status, major, participation in officially recognized activities, dates of attendance, degrees and awards received and most recent previous educational institution attended.)