

8100 Highway 71 South, 32: "Cdtco u"J cm  
Alexandria, LA 71302  
Rj qpg'53: /695/8646

## Confidentiality Request

Both federal and state laws permit Nqwukpc"Ucvg'Wpkxgtukf "qh'Crzcpf tkc to release to the public “directory” information regarding current and former students without the student’s consent. Directory information includes: name, current mailing address and telephone number, current e-mail address, campus office address, class standing,dkvj f cvg, major field of study, enrollment status, participation in officially recognized activities and sports, dates of attendance, degrees and awards received, dates(s) of degrees(s), and most recent previous educational institution attended by student.

- To prohibit the release of all student information, submit this request for confidentiality of student records.
  - Entities of LSUA that “need to know” information to accomplish their tasks will retain access.
  - It does not exclude a student from mailing lists of information essential to enrollment at LSUA.
  - Filing this restriction will result in suppression of student information.
  - **Employees of LSUA will be unable to provide any information by phone or email.**
  - **Students must appear in person with I.D. or submit a written request for information.**

The authorization to restrict directory information remains in effect until the student revokes it or until the student becomes deceased. This authorization has no effect on directory information released prior to the completion of this request.

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### To Authorize the Complete Confidentiality Restriction of Directory Information:

*I authorize Louisiana State University to restrict ALL directory information regarding myself until such time that I cancel this request in writing.*

Name: \_\_\_\_\_ LSUA ID #: \_\_\_\_\_  
*Last First Middle*

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

- **Current Students:** Please submit this form in person, or scan and email it from your LSUA email account.
- **Former Students:** Please mail, or scan and email, this form along with a copy of your government-issued photo I.D.
- **Electronic signatures are not accepted.**

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### To Revoke the Complete Confidentiality Restriction of Directory Information:

*I hereby revoke the restriction of release of directory information.*

Name: \_\_\_\_\_ LSUA ID #: \_\_\_\_\_  
*Last First Middle*

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

OFFICIAL USE ONLY	PC Entry Date: _____	Initials _____
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