



OUR LADY OF THE LAKE COLLEGE

*Franciscan Missionaries of
Our Lady Health System*

Directory Non-Disclosure Request

Personal Information		
Last 4 digits of Social Security number: XXX-XX-		Term Effective:
Name: Last	First	Middle
Division:	Program of Study:	
Directory Non-Disclosure Request		
<p>Items designated as “Directory Information” may be released at the discretion of the College. Directory Information at Our Lady of the Lake College includes: name, address, telephone number, date and place of birth, dates of attendance, participation in officially recognized activities, awards received, degrees awarded, and the most recent previous educational agency or institution attended.</p> <p>Please consider very carefully the consequences of any decision by you to withhold “Directory Information.” Should you sign below and submit this form telling Our Lady of the Lake College not to release this “Directory Information,” all future requests for such information from non-institutional persons or organizations <u>will be refused.</u></p> <p><input type="checkbox"/> Do Not Disclose Directory Information</p>		
Required Signature		
Student:		Date:

Return form to the Office of the Registrar.

Updated 4/23/07