Office of the Registrar

Privacy Settings Change Form

Student Name: _____ _____ _____
LAST FIRST MIDDLE

Student ID or AU Username: _____

Mailing Address:

_____
STREET

_____ _____ _____
CITY STATE ZIP CODE

Phone Number: _____

Students may request that directory information such as address, phone number, and dates of attendance not be released to any third party. Check here to restrict the release of directory information. Please note that this will eliminate your information from the campus directory and the web-based people finder.

☐ **Yes. Please restrict my directory information.**

☐ **Please release the restrictions on my directory information.**

Signature: _____ **Date:** _____

Please return this signed form to the Office of the Registrar or email it to registrar@auburn.edu.

Office of the Registrar
Langdon Hall • 152 South College St. • Auburn, AL 36849
334.844.2544 • registrar@auburn.edu

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