

Pittsburg State University

STUDENT RIGHT OF PRIVACY HOLD REMOVAL

I, _____, (printed name) request the "Right of Privacy" be REMOVED from my records at Pittsburg State University, effective _____(selected date).

I understand that by removing this privacy hold that my student directory information at Pittsburg State University may be released to any other party. I understand that this will include all information about myself in the student directory (both printed and on-line) and any press releases regarding honor roll or graduation.

This does not alter the exchange of information within offices on this campus as it pertains to student records and advisement.

In order to remove this privacy hold, it is necessary for me to submit proof of identification along with this written request.

Signature

ID #

Today's Date

Office Use:

Proof of ID provided _____

Request received by _____

Process Date _____

This form will need to be completed in person at the Registrar's office, Room 103 Russ Hall. If the individual requesting Right of Privacy Hold Removal can not appear in person, we would accept a faxed copy of this form including a copy of the individual's driver's license. Registrar's office fax number is 620-235-4015.