

Directory Restrict Form

Please submit completed form to: One Stop for Student Success, Campus Avenue Building Room 101, or 1Stop@MiamiOH.edu.

Unique ID: _____	Date: _____	
Name: _____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>
Phone: _____		

I, the above named student, request that a confidentiality hold be placed on my record for the school year 20__.

I understand that by signing this I will restrict ALL information on the web and in print. This includes, but is not limited to, The Miami University Directory, Commencement programs, Dean's List, and President's List notification. This form will also restrict The National Student Clearinghouse, Miami University's authorized agent, from verifying enrollment and degree information about me.

Your Directory Restriction will remain in effect until you notify the Office of the University Registrar in writing.

SIGNATURE: _____ DATE: