

# STUDENT DIRECTORY AUTHORIZATION

Please print your residence information below to verify our records and sign at the bottom to authorize release of your directory information. Directory information includes information that can be publicly released without needing to seek the student's consent. Information considered to be directory information at Briar Cliff University: name, campus address, campus telephone listing, permanent address, permanent telephone, electronic mail address, parents' name(s), religious affiliation, high school attended, photograph, date and place of birth, major field of study, dates of attendance, grade level, enrollment status (e.g., undergraduate or graduate student, full-time or part-time), participation in officially recognized activities and sports, weight and height of members of athletic teams, and degrees, honors and awards received.

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

## On-campus resident:

Hall: \_\_\_\_\_

Room Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

## Off-campus resident:

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

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

- Do not release my student directory information. I understand that by choosing not to release this information, I must authorize all enrollment and degree verifications in writing.

