

Non-Disclosure of Directory Information Request



Gateway Student Services Center
 Founders Hall, Suite 100
 700 East Seventh Street
 Saint Paul, Minnesota 55106-5000
 E-mail: gateway@metrostate.edu
 Phone: 651-793-1300

Who needs to use this form?

Students who do not wish to have their directory information disclosed to a third party (complete sections 1 and 2).

-or-

Students who previously requested nondisclosure but now wish to authorize the release of their directory information (complete sections 1 and 3).

Important Notes

Directory information is publicly available information contained in the education record (including name, area of study, dates of attendance, most recent educational institution attended (prior to Metropolitan State), grade level or enrollment status, degrees, honors and awards received, and date of graduation).

How to Submit

When complete, return this form to the Gateway Student Services Center.

1. Student Information

Name: _____

Last

First

Middle

Mailing address: _____

Street

City

State

Zip

Phone (with area code): (H) (____)____-____ (W) (____)____-____ (C) (____)____-____

Metropolitan State student ID: _____ Metropolitan State e-mail address: _____

2. Non-disclosure of Directory Information

I hereby request that Metropolitan State University not disclose any of my directory information.

I understand that at any time I may request that my directory information be made public. To do so, I will submit this form with sections 1 and 3 completed to the Gateway Student Services Center.

Signature: _____ Date: ____ / ____ / ____
 MM DD YYYY

3. Disclosure of Directory Information

I hereby authorize Metropolitan State University to make all current, directory information public.

Signature: _____ Date: ____ / ____ / ____
 MM DD YYYY

Questions? Contact the Gateway Student Services Center

Office Use Only

Processed By: _____

Date: ____ / ____ / ____
 MM DD YYYY