Return to:
Office of the Registrar
Oregon State University, B102 Kerr Administration Building, Corvallis, OR 97331-2130
T 541-737-4331 | **F** 541-737-8123 | registrars@oregonstate.edu | http://registrar.oregonstate.edu

Confidentiality Request

Both federal and state laws permit Oregon State University to release to the public "directory" information regarding current and former students without the student's consent. Directory information includes: name, current mailing address and telephone number, current ONID e-mail address, campus office address, class standing, month and day of birth, major field of study, full-time or part-time enrollment status, status as a graduate teaching assistant or graduate research assistant, participation in officially recognized activities and sports, dates of attendance, degrees and awards received, dates(s) of degrees(s), and most recent previous educational institution attended by student.

- To restrict directory information from displaying/printing in the campus directory:
  - Login to MyOSU (https://myosu.oregonstate.edu) and select OSU Directory Preferences and follow the instructions on that page.
  - Restrictions apply only to information appearing in the campus directory.
  - Directory information can still be released upon request.
- To prohibit the release of all student information, submit this request for confidentiality of student records.
  - Entities of OSU that "need to know" information to accomplish their tasks will retain access.
  - It does not exclude a student from mailing lists of information essential to enrollment at OSU.
  - Filing this restriction will result in suppression of both employee and student information.
  - **Employees of OSU will be unable to provide any information by phone or email.**
  - **Students must appear in person with I.D. or submit a written request for information.**

The authorization to restrict directory information remains in effect until the student revokes it or until the student becomes deceased. This authorization has no effect on directory information released prior to the completion of this request.

To Authorize the Complete Confidentiality Restriction of Directory Information:

I authorize Oregon State University to restrict ALL directory information regarding myself until such time that I cancel this request in writing.

Name: _____ OSU ID #: _____
Last *First* *Middle*

Signature: _____ Date: _____

To Revoke the Complete Confidentiality Restriction of Directory Information:

I hereby revoke the restriction of release of directory information.

Name: _____ OSU ID #: _____
Last *First* *Middle*

Signature: _____ Date: _____

OFFICIAL USE ONLY Banner Entry Date: _____ Initials _____

Revised 5/26/2015