



Student Directory Privacy Request

Office of the Registrar • P.O. Box 261954 • Conway, SC 29528-6054
843-349-2019 • Fax: 843-349-2909 • www.coastal.edu/registrar

Name _____
Last First Middle

Student ID _____

Please check as applicable: Faculty Staff Student

The electronic student directory is produced each fall and spring semester. I understand that this form must be submitted within 14 days after the beginning of the semester in order to be omitted from the directory for the respective semester. I understand that this privacy request WILL be honored until I revoke this request by signing the CANCEL/DELETE statement below.

Do not include any information about me in the Student Directory.

Signature _____ Date _____

NOTE: This Student Directory Privacy Request form is applicable ONLY for privacy regarding exclusion from the Student Directory.

OFFICE USE ONLY Processed by _____ Date _____

Student must submit this completed form to the Office of the Registrar, Singleton 116.

To cancel/delete the privacy request listed above, please complete this section and submit the completed form to the Office of the Registrar, Singleton 116

Please CANCEL/DELETE my Privacy Request.

Signature _____ Date _____

OFFICE USE ONLY Processed by _____ Date _____
