Student Directory Privacy Request
Office of the Registrar
P.O. Box 261954 • Conway, SC 29528-6054
843-349-2019 • 843-349-2909 fax • coastal.edu/registrar

Name: Last ___________________________________ First __________________________ Middle __________________________

Student ID number _________________________________

Please check as applicable:  ☐ Faculty  ☐ Staff  ☐ Student

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

The electronic student directory is produced each fall and spring semester. I understand that this completed 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 __________________________

This completed form must be submitted to the Office of the Registrar, Baxley Hall 222.

OFFICE USE ONLY
Processed by _______________ Date ______________

To cancel/delete the privacy request listed above, please complete this section and submit the completed form to the Office of the Registrar, Baxley Hall 222.

► Please CANCEL/DELETE my Privacy Request.

Signature ___________________________________ Date __________________________

OFFICE USE ONLY
Processed by _______________ Date ______________