I, ____________________________, (printed name) request the “Right of Privacy” be placed on my records at Pittsburg State University, effective _____________________(selected date).

I understand that under the provisions of the Family Educational Rights and Privacy Act of 1974, I have the right to withhold the disclosure of all student information, including what PSU designates as “directory information.”

I understand that by requesting this privacy hold that no information regarding my Pittsburg State University student records can be released to any other party. I understand that this will exclude all information about me in the student directory (both printed and online) and any press releases regarding honor roll or graduation.

PSU will honor my request to withhold all information, but cannot be responsible to contact me for subsequent permission to release information when it would benefit me. Examples of potential impact of my having a privacy hold would include no acknowledgement of attending PSU to a potential employer, no verification of degrees to requestors, exclusion in the commencement program and press releases pertaining to graduation and/or honors. Regardless of these and other possible effects to me, PSU assumes no liability for honoring my request for Right of Privacy.

This does not alter the exchange of information within offices on this campus as it pertains to student records, financial matters, and advisement.

In order to remove this privacy hold, it will be necessary for me to submit proof of identification and a written request. The hold remains, even after I leave PSU, until a written request has been submitted.

_________________________________________   ___________________   ___________________
Signature                                      Student ID #         Today’s Date

Office Use:
Proof of ID provided __________
Request received by ________
Process Date __________

We prefer this form be completed in person at the Registrar’s office, Room 103 Russ Hall. If you cannot appear in person, we would accept a faxed copy of this form including a legible copy of your driver’s license. The Registrar’s office fax number is 620-235-4015 or submit by mail with copy of your photo ID/license to Pittsburg State University, 1701 S. Broadway, Pittsburg, KS 66762 ATTN: Registrar’s Office. If you have questions prior to submitting this request, contact us at 620-235-4206. After this form is processed, we will no longer be able to have a phone conversation pertaining to your records and will only be able to respond that we have no knowledge of you at PSU.