

Villanova University Confidentiality Request

By completing and signing this form I am requesting that all directory information pertaining to me **NOT BE RELEASED**. This includes Name, Address, Telephone, Level of Study, College, Major, Enrollment Status, Dates of Attendance, and Degrees Awarded.

Please note that completion of this form will also mean that you will not appear in any on line or printed student directory.

First: _____

Middle: _____

Last: _____

Last 4 Digits of Soc Sec Num: _____

Permanent Address: _____

Permanent Address 2: _____

Permanent City: _____

Permanent State: _____

Permanent

Zip: _____

Signature: _____

Please print and sign this form. Then mail, fax, or hand-deliver it along with photocopied proof of identification (Student ID, Drivers License, Social Security Card) to:

Office of the Registrar
Tolentine 202
800 Lancaster Avenue
Villanova, PA 19085
Fax: 610-519 - 4033

The Office of the Registrar will confirm that your information is being held confidential upon receipt of your request.