



Return to:
 Indiana University of Pennsylvania
 Office of the Registrar

Clark Hall
 1090 South Drive
 Indiana, Pennsylvania 15705
 Phone: (724) 3522217 Fax: (724) 489-4892

NON-DISCLOSURE FORM

Indiana University of Pennsylvania

IMPORTANT NOTICE Regarding Disclosure of Student Information

In addition, IUP cannot assume any liability for honoring your instruction that such information be withheld.

Please sign below to indicate your decision to have IUP withhold the following Directory Information.

Please print the following information legibly. Your signature is required for processing

Last Name _____ First _____ MI ____ Date of Birth: __ / __ / _____

Banner Student ID#: @ _____

6 W X G H Q W 1 V 6 L J Q D W X U H

Date:

7 K H 5 H J L V W U D U 1 V 2 I I L F H F D Q Q R W E H K H O G U H V S R O M L E I O N H R U G L U
 Disclosure form. Information available in the online student directory will be removed within 48 hours of processing this request.

7 K L V 3 1 2 6 1 8 / 2 6 8 5 () 2 5 0 ' Z L O O E H N H S W R Q I L O H L Q W K H 5 H J L V W U D
 you requested withheld will not be released unless you notify our office in writing, to cancel your request.

For Office Use Only:

Date Processed: _____ Processed by: _____