

*Office of University Registrar
Fayetteville State University
300 Lilly Building
1200 Murchison Road
Fayetteville, North Carolina 28301*

Request to Review Directory Information of A Student

Student

Requestor

DATE

LAST NAME

FIRST NAME

LAST NAME

FIRST NAME

REQUESTOR'S AFFILIATION

STUDENT IDENTIFICATION NUMBER

Purpose of review:

Item(s) of information requested:

Office to which request was made:

.....
I hereby agree to use any information obtained for the sole purposes described above and to keep
the information disclosed to me confidential according to applicable legislation and regulations.
.....

DATE

SIGNATURE

OFFICE USE ONLY

Disposition of request: Approved Disapproved

Specify materials reviewed (records, types of information):

NAME OF OFFICIAL SUPERVISING REVIEW

DATE

TITLE

SIGNATURE OF OFFICIAL APPROVING REQUEST