

# 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  
Kennedy 205  
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.