Southern Evangelical Seminary

OFFICE OF THE REGISTRAR

REQUEST FOR NONDISCLOSURE OF DIRECTORY INFORMATION

This is a request that Southern Evangelical Seminary NOT DISCLOSE any directory information about you without your written permission. This request includes but is not limited to removal of any reference to you in the School and Alumni Directories. This request for nondisclosure is to be in effect until rescinded in writing.

NOTE: The response to all inquiries to the Seminary, including degree confirmation, concerning you will be "WE ARE NOT AUTHORIZED TO RELEASE ANY INFORMATION ON THAT INDIVIDUAL."

First Name Middle Name Last Name

SSN: _____

Signature Date

Return completed form to the Office of the Registrar, **3000 Tilley Morris Road, Matthews, NC 28105**. Questions about this policy and procedure may be directed to the Office of the Registrar 704.847.5600.

Office Use Only:

Registrar:	Date rec'd:	☐ recorded