

# REQUEST FOR NON-DISCLOSURE OF PUBLIC INFORMATION

Complete in **dark blue or black ink** and submit to any Admissions & Records office.

Last name (family name)		First name and initials			UFV student ID				
Mailing address (street number, street)									
City or Town			Province		Country (If not Canada)			Postal code	
Home phone		Other phone			Email				
Area code		Area code							
<p><b>I hereby request University of the Fraser Valley to withhold the following personal and academic information about me:</b></p> <p><input type="checkbox"/> Name, program, dates of semesters attended, diploma or certificate awarded.</p> <p><b>I understand that there may be situations where it would be to my advantage for the University to release this information (e.g., emergencies, information for prospective employers, membership list for the Student Union Society). Nevertheless, I take full responsibility for the consequences of non-disclosure.</b></p> <p>This request is valid for the following semester: _____ <i>Specify term and year (e.g. Fall 2006)</i></p>									
Student's signature					Date				

**OFFICE USE ONLY**

Processed in Banner

Date:

Initials:

**LABEL**

Revised: 15-Jul-09