

**PRIVACY SETTINGS CHANGE FORM  
OFFICE OF THE REGISTRAR**

**Please Print**

Student Name: \_\_\_\_\_  
                                    Last                                    First                                    Middle

Student ID Number \_\_\_\_\_  
Or AU User Name \_\_\_\_\_

**MAILING ADDRESS**

\_\_\_\_\_  
                                    STREET

\_\_\_\_\_  
                                    CITY

\_\_\_\_\_  
STATE                    ZIP CODE                    PHONE NUMBER

\_\_\_\_\_  
Student Signature

Students may request that directory information such as address, phone number, and dates of attendance not be released to any third party. Check here to restrict the release of directory information. Please note that this will eliminate your information from the campus directory and the web based people finder.

**Yes. Please restrict my directory information.**

**Please release the restrictions on my directory information.**

Return this form to Langdon Hall or fax it to (334) 844-2538.