

STUDENT DIRECTORY INFORMATION OPT OUT FORM

I, _____, hereby request that the following directory information for [my son] [my daughter] [myself], _____, be removed by the Saginaw Valley State University School/University Partnership Office from its list of uses for student directory information for the 2017-2018 school year:

All student directory information

The following specific items:

Signed on this _____ day of _____, 2017.

Signature of Parent/ Guardian/ Student: _____

Name of Parent/ Guardian/ Student: _____

Return form by electronic mail to: drg@svsu.edu

-or-

Via U.S. Mail to:
School/University Partnership Office
Saginaw Valley State University
7400 Bay Road
University Center, MI 48710