



Privacy Hold Activation Form

I formally request that the Registrar's Office at Southeastern Oklahoma State University not release any of my directory information* to any inquiries other than those of SOSU personnel. This privacy hold will remain in effect for five years from today's date unless otherwise indicated. I understand that I may terminate this waiver at any time during this five year period by informing the Registrar's Office in writing of my desire to do so.

Student ID: _____

Printed Name: _____

Starting Date: _____ Ending Date: _____

I understand that my information will only be released to SOSU personnel and that the response to outside inquiries will be "I have no information on this person." In addition, I understand that my name will not be released for publication for any honors I may receive (President's Honor Roll, etc.).

**Student Signature: _____ Date: _____

University Official or Notary _____ Date: _____

RETURN FORM: BY MAIL: Southeastern Oklahoma State University
ATTN: Registrar's Office
1405 N 4th, PMB 4139
Durant, OK 74701-0609

BY FAX: 580-745-7472

IN PERSON: Administration Building, Room 100

For questions or additional information, please contact the Registrar's Office by phone at 580-745-2165 or in person at the Administration Building, Room 100.

*A list of information that SOSU has declared to be Directory Information is included in the current schedule of classes and undergraduate catalog.

**This form MUST be signed in the presence of a Notary Public or a University official and MUST be filed in the Registrar's Office in order to be valid.