

Virginia Tech

Request for Change in Confidentiality of Student Information

Office of the University Registrar (MC 0134)

Student Services Building

Suite 250, Virginia Tech

800 Washington Street SW

Blacksburg, VA 24061

Phone: (540) 231-6252

registrar@vt.edu

PART I: STUDENT CONTACT INFORMATION

Name: _____ Date: _____

Address: _____

E-mail Address (Virginia Tech email preferred): _____

Home Phone Number: (____) ____ - ____ Work Phone Number: (____) ____ - ____

PART II: STUDENT RECORD INFORMATION

Student ID Number (or last four digits of Social Security Number): _____

Date of Birth: _____ Terms of Attendance at Virginia Tech: _____

Program of Study (Major): _____ Degrees Earned: _____

PART III: REQUESTED CONFIDENTIALITY CHANGE

Please check the appropriate box:

- I request that the confidential block be REMOVED from my student information.
- I request that my full record at Virginia Tech be MARKED confidential.*

***PLEASE NOTE: If you choose to mark your full account confidential, none of your information will appear on the Virginia Tech People Finder web page. Your information will also not be included in the Virginia Tech Student Directory. In addition, your name will not be released to vendors. People Finder will reflect these changes within 2 to 3 business days.**

Student Signature: _____

****Requests cannot be processed without a full legal NOTARIZED signature.***

***Note: If making this request by mail, THIS FORM AND YOUR SIGNATURE MUST BE NOTARIZED. ***

If you are presenting this form in person, you will need to present it to the Office of the University Registrar at Virginia Tech, along with your photo ID.

City/County of _____ State of _____

The foregoing instrument was acknowledged before me on the ____ day of _____, 20__.

Seal

Notary Public _____

My commission expires on _____

ADMINISTRATIVE USE ONLY

Approved and Processed by: _____

Date: _____