# Directory Information Restriction Form

1. Legal name - Please print below your full legal name as it appears on your education records.

LAST FIRST MIDDLE

2. Social Security number

3. Your mailing address

CITY STATE ZIP CODE

4. Telephone number (Home)

(Daytime)

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I understand that by requesting privacy, **all** information held by the University of New Mexico - Valencia Campus is considered confidential and is protected under the Federal Educational Rights Privacy Act. Release of information to a third party requires written consent of the student.