



Delta State University

Record Confidentiality Request Form

Name: _____

DSU ID #: _____

Please select one:

Mark your records as confidential?

Release confidentiality indicator?

NOTE: Marking your records as confidential protects your academic and financial records, directory information (address, phone, email) and degree verification. No information may be given over the phone to anyone (including yourself or potential employers) without your written permission. You may request this information in person with valid ID.

I have read the above statement and agree with this policy.

Signature: _____

Date: _____