

**WINTHROP UNIVERSITY  
OFFICE OF RECORDS AND REGISTRATION  
PRIVACY REQUEST FORM**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID

***I wish to place a privacy block on my record. I understand that none of the following information can be released outside the University:***

Name

Enrollment Status

Local Address

Dates of Attendance

Permanent Address

Classification

Telephone Number

Major

Winthrop Telephone Directory

Class Schedule

Degrees Awarded

Photograph

E-Mail Address

Gender

Graduation Program/Lists

Previous Institution Attended

Vendors (Graduation and Other)

Awards and Honors

Parents' Names

Sports Participation

Parents' Address

Weight/Height of Athlete

Date/Place of Birth

***Requests to remove information from the online directory (which is a login-only site) must be made to Computing and Information Technology, 1 McBryde Hall.***

\_\_\_\_\_  
***Student signature***

\_\_\_\_\_  
***Date***

Return form to: Office of Records and Registration  
126 Tillman Hall  
recandreg@winthrop.edu  
Fax 803-323-4600