



Records and Registration
Registrar's Office
Fort Collins, CO 80523-1063
(970) 491-7148

STUDENT LIMITATION OF PUBLIC INFORMATION

Public Law 93-380, S513, (Buckley Amendment), gives any current or former student the right to limit access to their public information. The information listed below is considered public information by Colorado State University and is published in University directories and given upon request to the public by mail, phone, or in person. This form must be completed in person. Any item(s) you check will be considered confidential and will not be released as public information.

I, _____, _____,
(Student Name, please print) (CSU ID)

- _____ wish to **restrict** release of the following public information at Colorado State University until further notice:
- _____ wish to **release** the restriction on the following public information at Colorado State University:

- ___ **All Information (if checked, none of the below will be released)**
- ___ Mailing Address
- ___ Telephone Number
- ___ Class Level (Freshman, Sophomore, etc.)
- ___ Major

The Records Office will only release information to the student in person when proper identification is presented. If you are claimed as a **dependent** on your parents' income taxes, they may have access to your records upon request.

Student Financial Services will only release financial aid information to the applicant and, **if a dependent student**, the parent of record. Financial aid information will never be released to a non-custodial parent and will only be released to the spouse of a student with the expressed written consent of the applicant.

Students must provide proper identification when requesting information related to and in explanation of the student's billing account. Account billing information will not be released to third parties, **other than parents of a dependent student**, without the expressed written consent of the account holder (i.e. student).

Signature Date

Please present this form in person to the Records Office, or mail to:
Colorado State University
Office of Records and Registration
100 Administration Annex
Fort Collins, CO 80523-1063

(If form is **mailed**, please enclose a legible photocopy of your driver's license.)

For Office Use Only (initial and date):

ARIES Updated _____ Copy to Printing & Publications, 371 Aylesworth SW, 7015 _____
(If NAME)