

BEMIDJI STATE UNIVERSITY

Records & Registration

Deputy Hall, Room 101, #12

1500 Birchmont Dr.

Bemidji, MN 56601

218/755-2020 Fax: 218/755-4409

records@bemidjistate.edu

Student Directory Form

Student Name: _____ **Request Date:** _____
(Month/Day/Year)

Student ID Number: _____

Directory information which includes name, address, email address, telephone number, part-time or full-time status, degrees, awards, academic recognitions, and licenses received, participation in officially recognized activities, and sports, dates of attendance and majors and minor fields of study, names of parents when associated with awards and officially recognized activities and sports events, student classification and date of graduation will be available to inquiries. Students who desire to hold this information confidential should fill out this form and return to the Records Office at the time they register.

This request for anonymity will remain in effect until canceled in writing. Students should be aware that this might jeopardize their chance of employment since calls for directory information from prospective employers will be refused.

Signature: _____

Return this completed form to the Records Office, Deputy 101.