



Personal Information Update

Once completed, please return this form to the Office of the Registrar, fax this form to (540) 441-8059, or scan and email it to registrar@phc.edu.

Full Legal Name: _____

PHC ID: _____

Birth Date: _____

Student Status: Current Former

Requested Change(s)

Please update my address to the following: _____

Please update this address as my Permanent Home Local/Temporary Billing address.

Please update my telephone number to the following: _____

Please update this number as my Permanent Home Local/Temporary Cellular number.

Please update my non-PHC email address to the following: _____

*Please update my social security number to the following: _____

*Please update my name to the following: _____

*Other: Please update my _____

* Personal Data Updates, including changes to names, social security number, birth dates, or other unique identifiers, may require the submission of legal documentation.

Request for Non-disclosure

The items below are designated in the Patrick Henry College Student Privacy Policy as "Directory Information" and may be released at the discretion of the College. Students may submit this request for non-disclosure of some (Option B) or all (Option A) of the information below. The written notification of the non-disclosure should be submitted to the Office of the Registrar by the end of the Drop/Add Period. While these may be received at any point in the term, the College cannot guarantee compliance with requests received after the Drop/Add Period for the term in question. The non-disclosure of information will continue until authorization is received in writing from the student releasing the hold placed on his/her records.

The College cannot be held liable for the consequences related to a student's request for nondisclosure. For example, enrollment or degree verifications will not be certified for students who have requested the non-disclosure of their information. Only when presented with an authorized, signed release will the College disclose information that would otherwise be subject to a student's request for non-disclosure.

Option A

By selecting this box and affixing my signature below, I hereby request of Patrick Henry College to NOT disclose ANY information classified as Directory Information.

Option B

By affixing my signature below, I hereby request that Patrick Henry College NOT disclose the specified information categories below (items not selected remain subject to release at the College's discretion):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Name | <input type="checkbox"/> Grade Point Average | <input type="checkbox"/> Academic Honors/Awards | <input type="checkbox"/> Anticipated Graduation Date |
| <input type="checkbox"/> Address(es) | <input type="checkbox"/> Degree(s) & Major(s) | <input type="checkbox"/> Dates of Attendance | <input type="checkbox"/> Enrollment Status |
| <input type="checkbox"/> Email(s) | <input type="checkbox"/> Class Level | <input type="checkbox"/> Photographs | <input type="checkbox"/> Admissions Status |
| <input type="checkbox"/> Residence Hall | <input type="checkbox"/> Participation in Officially Recognized Activities or Sports | | |
| <input type="checkbox"/> Phone Number(s) | <input type="checkbox"/> Date of Graduation and/or Commencement | | |

Student Signature: _____

Date: _____