



SCHOOL  
OF LAW

## DIRECTORY INFORMATION FORM

Name: \_\_\_\_\_  
(Please Print)

SS#: \_\_\_\_\_

Semester: \_\_\_\_\_

Please withhold the following Directory Information: (Check all that apply)

- Name
- Address
- Telephone
- Date and Place of Birth
- Major Field of Study
- Dates of Attendance
- Degrees, Honors, Awards Received
- Participation in Officially Recognized Activities
- Most Recent Educational Institution Attended
- All of the above

I realize that this form is valid for only one semester. It must be completed each semester of attendance at St. John's to have information withheld continuously.

I also understand that the above information will not be released to prospective employers, who may call for verification.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Copy given to student on \_\_\_\_\_ by \_\_\_\_\_  
(Date) (Initials)

cc: Office of the Dean  
Office of Admissions  
Office of Alumni Relations  
Office of Budget & Administration  
Office of Career Services  
Office of Creative Services

Office of Development  
Office of Elder Law Clinic  
Office of Information Technology  
Office Services  
Office of Special Events