

Directory Information Form

Please complete the information form and return to the Registrar's office .

Last Name _____ First Name _____ Degree Program _____

Campus Mailbox _____ Campus Residence Hall (if applicable) _____ Room # _____

Off Campus Housing address (if applicable)

Number, Street, Apartment Number _____

City _____ State _____ Zip _____

Preferred Phone# _____

Spouse's Name _____

Children's Names _____

Hometown Newspaper Name _____

Hometown Newspaper City _____

Student Authorization for Use of Personal Information

I understand that Columbia Theological Seminary publishes the following information in the community directory:

- photograph and name
- degree program
- seminary mail box, if applicable
- current local residence address (on or off-campus)
- current phone number
- spouse's and children's names

- I grant the seminary permission to publish this information and my photograph in the directory.
 I do not grant the seminary permission to publish this information and my photograph in the directory.

For publications other than the community directory, and in news releases, I grant Columbia Theological Seminary permission to publish my photo, information about my accomplishments at the seminary, information about my previous degrees, the institutions where I earned them, my hometown church and presbytery.

- I grant the seminary permission to publish this information for the purposes stated above.
 I do not grant the seminary permission to publish this information.

Your information & preferences will remain in effect as long as you are a student at Columbia Theological Seminary unless you notify the registrar of any changes to your information. If you have not provided changes we will publish the current information we have on file in the directory.

Signature _____ Date _____

Please sign here after you print your completed form. Forms should be sent to:

Registrar
P.O. Box 520
Decatur, GA 30031
FAX 404-687-4575

OR

Registrar
Box 11F