

Request to Prevent Disclosure of Directory Information

Name (Print): _____

Semester/Year: _____

Campus ID No.: _____

To All Students:

The items listed below are designated as “Directory Information” and may be released for any purpose at the discretion of the institution.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, you have the right to withhold the disclosure of any or all of the categories of “Directory Information” listed below.

Please consider very carefully the consequences of any decision by you to withhold any category of “Directory Information”. Should you decide to inform the institution not to release any or all of this “Directory Information” any future requests for such information from non-institutional persons or organizations will be refused.

The institution will honor your request to withhold any of the categories listed below but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

Please mark the appropriate boxes and affix your signature below to indicate your disapproval for the institution to disclose the following public or directory information.

Category I	Name, address (home/local), telephone number, date of birth, email log-on, picture of photographic representation	_____
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Category II	Classification, enrollment status, dates of attendance, degrees, certificates or awards received, previous institutions attended, major field of study, awards, and honors (includes Dean’s list), degree (s) conferred including dates.	_____
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Category III	Past and present participation in officially recognized sports and activities, physical factors (height and weight of athletes)	_____
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Category IV	Any item(s) listed above.	_____
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Specify which items listed above you wish not to be disclosed.

Student Signature _____

Date _____