

PEPPERDINE UNIVERSITY

REQUEST TO WITHHOLD RELEASE OF DIRECTORY INFORMATION

I, _____, am aware that the following items are designated as "Directory Information" and may be released to third parties without my consent:

student's name, address, telephone number, major field of study, enrollment status, classification, photograph, theses titles/topics, electronic mail address, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees, honors and awards received, and the most recent previous educational institution attended by the student.

I understand that under the provisions of the Family Education Rights and Privacy Act (FERPA), as amended, I have the right to withhold the disclosure of this "Directory Information."

I have considered carefully the consequences of my decision to withhold any category of "Directory Information." I fully understand that should I decide to inform the institution not to release any or all of the "Directory Information," any requests for such information from non-institutional persons or organizations will be refused. Furthermore, that by withholding this "Directory Information," the school cannot (a) verify my attendance in the institution; (b) include my name in the Dean's List, or (c) include my name in a graduation program. I understand that I cannot restrict the release of my thesis title/topic as a copy of my thesis is generally available in the library.

I understand that the institution will honor my request to withhold information indicated but cannot assume responsibility to contact me for subsequent permission to release such information. The institution assumes no liability for honoring my instructions that such information be withheld.

I have read and understood the procedure above concerning the release of "Directory Information." I DO NOT WISH TO HAVE MY INFORMATION NOTED ABOVE RELEASED WITHOUT MY CONSENT. I understand that this request is valid until I rescind it in writing. Any such request to rescind must be addressed to the Office of the University Registrar.

Signature

Campus-Wide Identification Number

Printed Name

Date

* Full-time, Part-time, Graduate, Undergraduate

** Freshman, Sophomore, Junior, Senior, Graduate

09/2008