

REQUEST TO WITHHOLD RELEASE OF DIRECTORY INFORMATION

I, _____, am aware that the following items are designated as "Directory Information" and may be released for any purpose by the university: (a) student name & Campus Wide ID Number; (b) address (local, permanent, business, temporary); (c) telephone number; (d) electronic mail address; (e) photograph; (f) major field of study; (g) dates of attendance; (h) classification; (i) enrollment status; (j) participation in officially recognized activities and sports; (k) degrees, honors, and awards received; (l) weight and height of members of athletic teams; and (m) most recent educational agency or institution attended; (n) theses titles/topics.

I understand that under the provisions of the Family Education Rights and Privacy Act (FERPA) of 1974 as amended, I have the right to withhold the disclosure of any or all of the "Directory Information."

I have considered very carefully the consequences of any decision by me 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 this "Directory Information," any future 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; and (c) include my name in a graduation program.

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

Having understood the above, I would like the release of the following be withheld: (Please check all that apply.)

_____ All "Directory Information" listed below.

_____ Each category of "Directory Information" checked below:

_____ Student's name

_____ Student's Campus Wide ID Number (CWID)

_____ Address (local, permanent, next of kin, etc.)

_____ Telephone number

- _____ Electronic mail address
- _____ Photograph
- _____ Classification (Freshman, Sophomore, Junior, Senior, Graduate)
- _____ Major field of study
- _____ Dates of attendance
- _____ Enrollment status (full-time, part-time, undergraduate, graduate)
- _____ Degrees, honors and awards received o Participation in officially recognized activities and sports
- _____ Weight and height of members of athletic teams
- _____ Most recent previous public or private school attended by student
- _____ Theses titles/topics

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

Signature

Student ID Number

Printed Name

Date