Request to Opt Out of Directory Information

These items listed below are designated as *directory information* and may be released for any purpose at the discretion of our 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 your directory information, any future requests for such information from non-institutional persons or an organization will be refused. Please be aware, however, that while the university will restrict your directory information, it can still be subpoenaed and/or accessed by organizations that are exempted from FERPA restrictions. Also information is available to university employees and agents based on their *need to know* in order to accomplish their assigned duties.

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, they institution assumes no liability for honoring your instructions that such information be withheld.

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Please mark the appropriate boxes and affix you signature below to indicate your disapproval for the institution to disclose the following public or directory information. You must choose at least one category. Categories cannot be split.
Please allow one week for processing.

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☐ **Category I**
Name

☐ **Category II**
Address
Phone Number
Email
Date of Birth

☐ **Category III**
Dates of attendance
Major fields of study
Previous educational institutions
Degrees, awards, honors
(Including dates)
Anticipated graduation date
Registered future coursework

☐ **Category IV**
Participation in officially recognized sports activities
Height and weight of athletic team members
Photographs

LAST NAME _____ FIRST NAME _____

YEAR OF RESTRICTION: JULY 1, 20 _____ to JUNE 30, 20_____

STUDENT IDENTIFICATION NUMBER _____

STUDENT SOCIAL SECURITY NUMBER _____

MAIDEN OR OTHER NAME _____

STUDENT SIGNATURE _____ DATE _____

If this form is not received in the Office of the Registrar prior to June 30th, it will be assumed that the above information may be disclosed for the remainder of the current July 1 – June 30 year. A new form for non-disclosure must be completed each year. Please allow one week for processing.