

**REQUEST TO PREVENT DISCLOSURE OF
DIRECTORY INFORMATION
FERPA**

I, _____, do hereby prevent the disclosure of any directory
(Print name)

information, as defined under FERPA, the Family Educational Rights and Privacy Act of 1974:

- I. Name, home address, local address, email address, telephone number, student classification, and dates of attendance.
- II. Previous institution attended, major field of study, academic awards, academic honors, degree(s) awarded, and the date(s) of the degree(s).
- III. Past and present participation in officially recognized sports and activities, physical factors and date of birth.

Under the provision of the Family Educational Rights and Privacy Act of 1974, as amended, I have the right to withhold all of the above categories of "Directory Information." Since I do not wish disclosure of this information, I have signed below to indicate my formal approval to suppress all student directory information.

*I DO FURTHER ACKNOWLEDGE THAT I AM EXECUTING THIS
RELEASE AS MY FREE AND VOLUNTARY ACT.*

Signed at _____ this day of _____, 20_____

Signature

Social Security Number

Under the provision of FERPA, I wish to **revoke** the above "Prevent Disclosure of Directory Information" effective immediately. Complete this section only if you wish to revoke an earlier signed "Prevent Disclosure Form".

Signature

Date

*This non-disclosure authorization is in compliance with the Family Educational Rights and Privacy Act Statutory Citation.

COPIES: Permanent File, Student, Advisor, ARC, and Dean of Students.