



Request to Opt Out of Directory Information

To: All Students

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 this directory information, any future requests for such information from non-institutional persons or an organization 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.

- | | | |
|---|---|--|
| <input type="checkbox"/> ALL of this category | <input type="checkbox"/> ALL of this category | <input type="checkbox"/> ALL of this category |
| <input type="checkbox"/> Name | <input type="checkbox"/> Previous institution(s) attended | <input type="checkbox"/> Past and present participation in officially recognized sports and activities |
| <input type="checkbox"/> Address | <input type="checkbox"/> Major field of study | <input type="checkbox"/> Physical factors (height, weight of athletes) |
| <input type="checkbox"/> Telephone number | <input type="checkbox"/> Awards | <input type="checkbox"/> Date and place of birth |
| <input type="checkbox"/> Date of attendance | <input type="checkbox"/> Honors (includes Dean's list) | |
| <input type="checkbox"/> Class | <input type="checkbox"/> Degrees(s) conferred (including dates) | |

_____		_____	
Student (Last Name)	(First Name)	Semester/Quarter	Year
_____		_____	
Student Identification Number		Date	
_____		_____	
		Student Signature	

If this form is not received in the Office of Student Records prior to the current semester Withdraw Date, it will be assumed that the above information may be disclosed for the remainder of the current academic year.

Note: Modification of this Form requires approval of OGC