Benedictine University

Informing today—Transforming tomorrow

FERPA NON-DISCLOSURE OF DESIGNATED DIRECTORY INFORMATION

To: Registrar, Benedictine University

From: ____

PRINT Student's Name Student ID Number

____

Permanent Street Address City State Zip Code

The Family Educational Rights and Privacy Act (FERPA) permits the release of Directory Information about a student to third parties outside the institution without the student's written consent, as long as the student has been given the opportunity to opt out of such disclosure. Students may withhold the disclosure of Directory Information by completing this form and presenting it to the Registrar's office within ten (10) calendar days of the first scheduled class day of each fall semester. A request to withhold disclosure of Directory Information is effective for one academic year only and must be renewed each year.

By signing this form, I request the withholding of the following information which Benedictine University has designated as Directory Information:

- Student's name, address, phone number
- Major and minor fields of study
- Participation in officially recognized activities and sports
- Dates of attendance, degrees and awards received
- Most recent education institution attended
- Full-time/part-time enrollment status
- Photo

I have read this form carefully and understand the consequences of my decision to prevent release of any of my Direct01y Information. I understand that upon submission of this form, inf01mation that identifies me and that the University has designated as Directory Information cannot be released to any third parties (including but not limited to parents, potential employers, insurance agencies, providers of non-Benedictine scholarships, and financial institutions) without my written consent (unless the disclosure is allowed by one or more exceptions provided by FERPA).

______________________________ ______________________

Signature Date

Complete this section only if you wish to **revoke** an earlier signed FERPA NON-DISCLOSURE OF DESIGNATED DIRECTORY INFORMATION form.

I wish to revoke my request to withhold the disclosure of Directory Information effective immediately.

______________________________ ______________________

Signature Date

>>>

COPIES: Permanent File, Student, Advisor, and Associate Vice President of Student Life