Benedictine University

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 of the institution without the student's written consent, so 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 for 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 Directory Information. I understand that upon submission of this form, information 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 this disclosure is allowed by one or more exceptions provided by FERPA).

SIGNED:_____ **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.

SIGNED _____ **Date** _____

Original document scanned and saved into student's permanent file after Registrar Office receipt and processing