

Name (Printed) _____ Student ID: _____

DIRECTORY INFORMATION OPT-OUT

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student's education records are maintained as confidential by D'Youville College, and, except for a limited number of special circumstances enumerated by law, will not be released to a third party without the student's prior written consent. The law, however, does allow the College to release student "directory information" without obtaining the prior consent of the student.

At D'Youville College, we consider "directory information" to be the student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student. If you do not want the College to release directory information without your prior consent, you may choose to "opt-out" by signing the Form below. Please note, however, that this "opt-out" right does not prohibit D'Youville from releasing your name, student identification number, or email in classes in which you are enrolled.

Directory information of a student who has opted-out from the release of directory information will remain flagged until the student requests that the flag be removed by submitting the revocation section of this Form to the College Registrar.

TO: D'Youville College Registrar:

I request the withholding of the following personally-identifiable information that D'Youville College has identified as directory information under FERPA. I understand that, upon submission of this form, the categories of directory information next to which I have placed my initials below cannot be released to third parties without my written consent, unless the College is permitted under FERPA to release such information without my prior written consent .

I request the withholding of the following information [*initial next to those which apply*]:

- _____ Name
- _____ Address
- _____ Telephone Listing
- _____ Date and Place of Birth
- _____ Major Field of Study
- _____ Participation in Activities and Sports
- _____ Weight and Height (only applicable to members of athletic teams)
- _____ Dates of Attendance
- _____ Degrees and Awards Received
- _____ Most Recent Educational Agency or Institution Attended

Student Signature: _____ Date: _____

RESCISSION OF OPT-OUT REQUEST

I, the above named student, hereby rescind my request to opt-out from the release of directory information.

Student Signature: _____ Date: _____

Registrar use ONLY:

Date: _____

Processor: _____