



REQUEST TO PREVENT DISCLOSURE OF "DIRECTORY INFORMATION"

Last Name	First	Middle
Address		
City	State	Zip
Telephone	Email Address	

The items listed below have been designated as "Directory Information" and may be released for any purpose at the discretion of the College of Staten Island.

- | | |
|--|---|
| Name | Enrollment status (undergraduate, graduate, etc.) |
| Attendance dates (periods of enrollment) | Level of education (credits) completed |
| Address | Major field of study |
| Telephone number | Degree enrolled for |
| Date and place of birth | Participation in officially recognized |
| Photograph | Activities and sports |
| Email address | Height and weight of athletic team members |
| Full- or part-time status | Previous school attended |
| | Degrees, honors and awards received |

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of your "Directory Information."

Please consider very carefully the consequences of your decision to withhold "Directory Information." With this decision, you are granting permission to the College with withhold all information pertaining to your academic career to all non-institution persons and organizations. However, the College is required by law to release enrollment information to the Department of Education for all students receiving federal aid.

The College cannot assume responsibility to contact you for subsequent permission to release. Regardless of the effect upon you, the College assumes no liability for any negative outcomes due to withholding such information.

Your request will be effective throughout your academic career at the College, unless subsequently revoked in writing by the student through the Office of the Registrar.

.....

I understand the above statement and agree that I wish no directory information be released on my behalf to anyone for any reason.

Name _____ EMPLID# _____
 Student Signature _____ Date _____

User: _____
Date: _____