

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

(The University policy is to not give any information on students to outside sources to be used for commercial purposes. This form is for students who do not want any information released through university publications, awards, degrees, dean's list, etc. Please read carefully before deciding to restrict information from being released.)

TO: All Students of William Woods University

Term/Semester/Year _____

Semester Student ☐ Online Undergraduate Student ☐ Graduate Student ☐

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, you have the right to withhold the disclosure of "Directory Information" as defined as the following: **name, address, email address, telephone number, dates of attendance, class, previous institutions attended, major field of study, awards, honors (including Dean's List), degree(s) conferred (including dates), residential status, past and present participation in officially recognized sports and activities, physical factors (height and weight of athletes), and date and place of birth.**

"Directory Information" may be released at the discretion of the institution. However, students who do not wish to have such information released may prevent such release by completing and signing a Request to Prevent Disclosure of Directory Information form. Students wishing to deny access to their records must complete this form and **return it to the Registrar's Office by September 15th** for semester students or prior to the end of the first course for Online and Graduate students.

If this form is not received in the Registrar's Office by the deadlines noted above, it will be assumed that the information may be released for the remainder of the academic year. Semester students must complete a new form for non-disclosure each academic year. Online Undergraduate and Graduate student's forms stay in effect throughout the entire program. If a student places no-disclosure holds on their records, the holds become permanent once the student leaves the university.

Sign this ONLY if you decide you want your directory information withheld.

Student Name: (Printed) _____

SSN / WWU ID# _____

Student Signature _____

Date _____ **Return to Registrar's Office**

(I understand that by signing this form, my name cannot be printed in the commencement program, in newspapers for honors I receive (including the Dean's List), nor in student directories published on campus.)