Request to Opt Out of Directory Information

To: All Students

These items listed below are designated as directory information and may be released for any purpose at the discretion of our institution. Under the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, you have the right to withhold the disclosure of any or all of the categories of directory information listed below.

Please consider very carefully the consequences of any decision by you to withhold any category of directory information. Should you decide to inform the institution not to release any or all of this directory information, any future requests for such information from non-institutional persons or an organization will be refused. The institution will honor your request to withhold any of the categories listed below but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

If this form is not received in the Registrar’s Office prior to the start of the fall semester, it will be assumed that the above information may be disclosed for the remainder of the current academic year. A new form for non-disclosure must be completed each academic year.

Please mark the appropriate boxes and affix your signature below to indicate your disapproval for the institution to disclose the following public or directory information.

Category I
- All of this category
- Name
- Address
- Telephone number
- Class

Category II
- All of this category
- Previous institution(s) attended
- Major field of study
- Awards
- Honors (includes Dean’s list)
- Degree(s) conferred (including dates)

Category III
- All of this category
- Past and present participation in officially recognized sports and activities
- Physical factors (height, weight of athletes)
- Date and place of birth

Student Name: ___________________________ Date: __________________
CLU ID #: ___________________ Semester: ___________ Year: ___________
Student Signature: ________________________________________________________

Registrar’s Office Use Only:

Date of Entered: _________________ Evaluator’s Name: _______________________
Evaluator’s Signature: _______________________________________________________