

FERPA DIRECTORY INFORMATION OPT-OUT FORM

Name (Printed) _____ Student ID: _____

NOTICE OF DIRECTORY INFORMATION OPT OUT

In accordance with the *Federal Educational Rights and Privacy Act of 1974* (FERPA), as amended, a student's education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the parent/student's prior written consent. The law, however, does allow schools to release student "directory information" without obtaining the prior consent of the parent/student. If you do not want the release of certain types of directory information without your prior consent, you may choose to "opt-out" of this FERPA exception by signing the Form below. Directory information of a student who has opted-out from the release of directory information, in accordance with this policy/procedure for opting out, will remain flagged until the student requests that the flag be removed by completing and submitting a revocation of the opt out to the School.

TO: [School Name] _____

I request the withholding of the following personally-identifiable information identified as Directory Information under FERPA. I understand that upon submission of this Form, the information checked cannot be released to third parties without my written consent or unless the School is required by law or permitted under FERPA to release such information without my prior written consent; and that the checked directory information will not otherwise be released from the time the School receives my Form until my opt- out request is rescinded. I understand that I may not opt out of use of my student ID number because it is necessary identifying information for the School. I further understand that if directory information is released prior to the School receiving my opt- out request, the School may not be able to stop the disclosure of my directory information. I understand that I may request and challenge how my directory information is used by contacting the School.

___ CHECK HERE TO OPT OUT OF ALL DIRECTORY INFORMATION IDENTIFIED BELOW

OR

CHECK THE INDIVIDUAL BOXES BELOW TO SELECTIVELY OPT OUT OF INFORMATION SHARING

___ Name	___ Most recent institution attended
___ Telephone listing(s)	___ Weight / height
___ Photograph	___ Enrollment status (e.g. full-time, part-time)
___ Date of birth	___ Class standing (e.g. sophomore)
___ Place of birth	___ Most recent educational agency or institution attended
___ Permanent or home address	___ Participation in officially recognized activities and sports
___ email address	___ Degree(s) received
___ Dates of attendance	___ Awards and honors received

Date: _____

Signature: _____

If under 18, a parent or guardian must sign to opt the student out.