

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

Western Carolina University

Registrar's Office
(<http://registrar.wcu.edu>)

Semester/Year _____

Student I.D.: _____ Student's Name: _____
Last First Middle

Permanent Address (Mailing Address, City, State, Zip) _____ (_____) _____
Phone

Student's Signature _____ Date _____

The items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of Western Carolina University. Under the provisions and amendments of the Family Educational Rights and Privacy Act of 1974, you have the right to withhold the disclosure of "Directory Information" listed below.

Notes:

- **Consider very carefully the consequences of your decision to withhold "Directory Information." Should you decide to inform the institution not to release "Directory Information," such requests from persons or organizations outside the university will be refused.**
- **Western Carolina University will honor your request to withhold the categories listed below but cannot assume responsibility to contact you for subsequent permission to release information. Regardless of the effect upon you, *the institution assumes no liability for honoring your instructions that directory information be withheld.***
- ***This form is valid until the student rescinds by written request.***

Western Carolina University hereby designates the following categories of student information as public or "Directory Information" as defined by the Buckley-Pell Amendment:

- | | |
|--------------------------|--|
| ▪ Student name | ▪ Dates of attendance |
| ▪ Local and home address | ▪ Degrees |
| ▪ Telephone numbers | ▪ Honors and awards received |
| ▪ Classification | ▪ The most recent previous educational agency or institution attended by the student |
| ▪ Parent/guardian | ▪ Participation in officially recognized activities and sports |
| ▪ County | ▪ Weight and height of members of athletic teams |
| ▪ Major field of study | ▪ Electronic mail (Email) address |
| ▪ Photograph | |

FOR OFFICE USE ONLY

Identification checked by: _____ Date: _____

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Please return the completed form to the One Stop Student Service Center, 132 Killian Annex for processing.