OFFICE OF THE REGISTRAR

Request to Prevent Disclosure of Directory Information

The Family Educational Rights and Privacy Act designates certain information related to students as directory information and gives the University the right to disclose such information to anyone inquiring without having to ask students for permission, unless the students specifically request in writing that such information not be made public without their written consent.

Directory information includes: student’s full name; student’s photograph; dates of enrollment; local, permanent and electronic address (es) and telephone number(s); place of birth; participation in officially recognized activities and sports; weight and height of members of athletic teams; class level; program of study; numbers of credit hours earned (not grades); degrees and awards received; the most recent educational institution attended; job title(s) and dates of employment for student employees who have been or are paid from University administered funds.

If you wish to withhold the disclosure of all of the items of directory information, fill out the information requested below and submit it to the Registrar’s Office. By doing so, you will restrict the release of directory information. This means that (except as otherwise allowed by law) NO directory information will be disclosed about you to persons or organizations not affiliated with WOU, including degrees awarded, while the restriction is in effect. However, your information will be made available to school officials who may need it to notify you of academic events or to conduct official University business.

Please consider very carefully the consequences of any decision you make to withhold directory information, as any future requests for such information from other schools, prospective employers or other persons or organizations will be refused. This means that if you have a hold on your directory information at the time you graduate or withdraw from the University, we will be unable to comply with any requests for information received. WOU will honor your request to withhold all directory information regardless of the effect upon you. WOU assumes no liability for honoring your instructions that such information be withheld.

Once received, all directory information will be withheld until such time that you notify the Registrar’s Office in writing, with your signature witnessed by a notary, that you wish to have the hold removed.

I have carefully read the above and request that none of my directory information be disclosed to third parties without my written permission or as permitted by law.

Last Name                                  First Name                      Student Identification Number

____________________________________________________________________________________

Address                                     City                                  State                                  Zip

____________________________________________________________________________________

Telephone                                                                                   WOU email

____________________________________________________________________________________

Student’s Signature                                                                       Date