

Capital University

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

The 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. A copy of this policy is available in the Registrar’s Office.

You have the right to withhold the disclosure of the “Directory Information” listed below. Please consider very carefully the consequences of any decision by you to withhold this information. Should you decide to inform Capital University not to release this “Directory Information,” any future requests for such information from non-institutional persons or organizations will be refused.

The institution will honor your request to withhold “Directory Information,” 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.

DO NOT DISCLOSE THE FOLLOWING INFORMATION:

Name, address (local and home), telephone number (local and home), email address, field of study, weight/height of athletes, previous school attended, photographs, date and place of birth, participation in officially recognized activities and sports, and dates of attendance, class standing, degrees and awards.

PLEASE THINK ABOUT THE CONSEQUENCES OF MAKING THIS REQUEST.

By signing this document a generic, non-personally identifiable email address will be assigned to you eg CU123@capital.edu

Student Name (please print) _____

Student Signature _____

Date _____ Student I.D.# _____ Email Address _____

If this form is not received in the Office of the Registrar (Room 126, Yochum Hall), it will be assumed that the above information may be disclosed for the remainder of your academic career. If at any time you wish to change this form, contact the Office of the Registrar.

REQUEST TO REMOVE DISCLOSURE OF DIRECTORY INFORMATION HOLD

If you have previously signed this form above and you would like us to now be able to release your directory information, please complete as follows:

Student Name (please print) _____

Student Signature _____

Date _____ Student I.D.# _____

This will now allow us to release directory information to non-institutional persons or organizations.

Revised 10/11