

WESTERN OREGON UNIVERSITY

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

The Family Educational Rights and Privacy Act (FERPA) 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 student specifically requests in writing that such information not be made public without their consent.

Directory information includes: student's full name; 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. 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.

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 directory information, regardless of the effect upon you. WOU assumes no liability for honoring your instructions that such information be withheld.

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: _____ V#: _____
Address: _____ City: _____ ST: _____ ZIP: _____
Telephone: _____ WOU Email: _____@wou.edu

Signature: _____ Date: _____