

HARRIS-STOWE STATE UNIVERSITYOFFICE OF THE REGISTRAR
HGA Room 0073026 Laclede Avenue
St. Louis, MO 63103
(314) 340 – 3600**FERPA NONDISCLOSURE FORM**

The Family Educational Rights and Privacy Act (FERPA) was passed by Congress in 1974 to protect student records from being shared with those who do not have a legitimate reason to access them, with the exception of non academic information. Under the provisions of FERPA, Harris-Stowe State University may release directory information at our discretion without student authorization but will withhold directory information at the student's request. *Note: Some exceptions apply.*

STUDENT NAME (PRINT): _____
LAST FIRST M.I.

STUDENT ID. NO.: _____ DATE: _____

HORNET EMAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ TELEPHONE: _____

LAST SEMESTER/YEAR ENROLLED: _____ MAJOR: _____

REQUEST FOR NONDISCLOSURE OF DIRECTORY INFORMATION

In accordance with FERPA, currently enrolled students have the right to withhold disclosure of "Directory Information." Directory information is information contained in the education record that is publicly available. Directory Information includes the following: Name, Address, Telephone, Email, Date/Place of Birth, Admission Status, Classification, Major, Degree, Awards, Honors, Dates of Attendance, Activities/Sports Participation, Weight/Height of Athletic Teams and Most Recently Attended Institution.

Electing to withhold Directory Information will restrict any and all disclosure including mail listings, enrollment/degree verifications for off-campus parties, and commencement-related activities. Should you request nondisclosure of directory information, any requests for such information will be refused as the University will not acknowledge your existence as enrolled. Please consider carefully the consequences of any decision to withhold such Directory Information. **This request withhold directory information is valid from the date received until an official request to rescind the request for nondisclosure of directory information is received by the Office of the Registrar.**

I understand the above statements and hereby request that my Directory Information be withheld.

STUDENT'S SIGNATURE: _____ DATE: _____

Office Use Only

RECEIVED BY: _____ DATE: _____

Original To: Registrar

Copy To: Student's File