

HARRIS-STOWE STATE UNIVERSITY

**OFFICE OF THE REGISTRAR
HGA Room 007**

**3026 Laclede Avenue
St. Louis, MO 63103
(314) 340 – 3600**

REQUEST TO RESCIND FERPA NONDISCLOSURE

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.*

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 restricts any and all disclosures including mail listings, enrollment/degree verifications for off-campus parties, and commencement-related activities including the commencement program. With nondisclosure of directory information, any requests for such information will be refused as the University will not acknowledge your existence as enrolled. Students should consider the result of their decision to withhold Directory Information as the nondisclosure request is valid from the date received until an official request to rescind the nondisclosure request is received by the Office of the Registrar.

You currently have non-disclosure on your directory information.

To remove, complete and sign the form below to rescind the request for non-disclosure.

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

STUDENT ID. NO.: _____ SEMESTER/YEAR: _____

I understand the above statements and hereby request that nondisclosure of Directory Information be removed.

STUDENT’S SIGNATURE: _____ DATE: _____

Office Use Only

RECEIVED BY: _____ DATE: _____

Original To: Registrar

Copy To: Student’s File