



REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

All Students:

The Family Educational Rights and Privacy Act (FERPA) designates certain information related to students as “Directory Information”. This 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 all such information not be made public without their written consent. The categories of “Directory Information” at Framingham State University are as follows:

- Student’s name
- Address and telephone listing
- University e-mail address
- Major field of study
- Dates of attendance and Enrollment status for a particular semester (FT, HT, LT)
- Class standing (if an Undergraduate – Freshman, Sophomore, etc.)
- Degrees and awards received including Dean’s/President’s lists and graduation honors
- Participation in officially recognized activities and sports, weight/height/age of members of athletic teams
- Most recent previous educational institution attended by the student

If you wish to withhold the disclosure of all of the items of “Directory Information”, complete the form below and submit it to the Office of the Registrar.

This form must be received in the Office of the Registrar prior to the close of the Course Add/Drop period in any given semester or term to ensure that the above information is not released for the remainder of the semester. This form becomes invalid only upon written notification from the student to revoke this request.

Please consider very carefully the consequences of any decision made by you to withhold “Directory Information”, as any future requests for such information from non-institutional persons or unauthorized organizations will be refused. Framingham State University will honor your request to withhold “Directory Information” but cannot assume responsibility to contact you for subsequent permission to release it. Regardless of the effect upon you, Framingham State University assumes no liability for honoring your instructions that such information may be withheld.

I have carefully read the above and request that all “Directory Information” not be disclosed to non-institutional persons or unauthorized organizations by the University without my prior written permission:

Student’s Printed Name: _____

Banner ID: _____ or SSN: _____

Student’s Local/Campus Address: _____

City: _____ State: _____

Zip: _____

Student’s Phone (Cell preferred): _____

Student’s Signature _____ Date: _____

Return completed form to the Office of the Registrar



FOR OFFICE USE ONLY – ORIGINAL TO BE KEPT PERMANENTLY IN FERPA STUDENT HOLDS FILE

Date Processed in Banner: _____ Database Updated Initials _____

____ Copy in Student File (Matriculated Student) Date _____