Request to Prevent Disclosure of Directory Information

The Family Educational Rights and Privacy Act designates certain information related to students as “Directory Information” and gives the College of Law the right to disclose such information to any 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” are listed in the Western State University policy statement on privacy rights, a copy of which is enclosed and is available upon request from the Records Office. If you wish to withhold the disclosure of all of the items of “Directory Information,” please complete the form below and submit it to the Records Office.

This form must be received in the Records Office no later than ______________. If it is not received in this office by that date, all directory information is subject to disclosure for the remainder of the academic year. A new form for non-disclosure must be completed prior to the beginning of each Fall semester. This form becomes invalid at the conclusion of the following summer session.

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

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

_______________________________________  ________________________
Print Name       Student ID Number

_______________________________________  ________________________
Student Signature      Date