



# REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

The items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of Mount St. Mary's University.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right to withhold the disclosure of any or all of the categories of "Directory Information" listed below.

Please note that should you decide to inform Mount St. Mary's University not to release any or all of this "Directory Information" any future requests for such information from non-institutional persons or organizations will be refused. **This includes potential employers who want verification of your degree(s).**

Mount St. Mary's University will honor your request to withhold any of the information listed below but cannot assume responsibility to contact you for subsequent permission to release them. The institution assumes no liability for honoring your instructions that such information be withheld.

Please mark the appropriate line and affix your signature below to indicate that you refuse permission for the institution to disclose the following "Directory Information". This form **must** be returned to the **Office of the Registrar** to withhold information.

Information

Check items you **do not** want released

- \* Name \_\_\_\_\_
- \* Address \_\_\_\_\_
- \* Telephone Number \_\_\_\_\_
- \* Dates of Attendance \_\_\_\_\_
- \* Previously Attended Institutions \_\_\_\_\_
- \* Major Fields of Study \_\_\_\_\_
- \* Enrollment Status (Full or Part-time) \_\_\_\_\_
- \* Awards \_\_\_\_\_
- \* Honors \_\_\_\_\_
- \* Degree(s) Conferred (including dates) \_\_\_\_\_
- \* Date and Place of Birth \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name (Please write legibly)** \_\_\_\_\_