

G·I·A·L

STUDENT REQUEST TO WITHHOLD DIRECTORY INFORMATION

The Family Educational Rights and Privacy Act of 1974 (FERPA) allows GIAL to disclose information related to students designated as "Directory Information" without asking students for permission, unless a student specifically requests in writing that such information not be made public without his or her written consent. Directory information is defined by GIAL to include:

- Student's name
- Local address
- Local telephone number
- Electronic mail address
- Major field of study
- Classification (e.g. MA or Certificate)
- Enrollment status (graduate, undergraduate, part-time, full-time)
- Dates of attendance
- Degrees, honors and awards received
- Photograph of the student

This public information may be released in printed, electronic, or other form without prior consent of the student unless the student has requested that the information be withheld from public disclosure by informing the Registrar in writing. No other student information is released to a non-institutional third party without your written consent unless otherwise permitted by federal law.

If you decide to withhold directory information, please consider the consequences. Your request might make it difficult for individuals or organizations to contact you. GIAL assumes no liability for the effects of honoring your instructions to withhold information. GIAL will remove your confidential classification only when your written request to rescind that classification is received by the Office of the Registrar.

If you wish to withhold directory information, fill out the form below and submit it to the Registrar.

I have read the above paragraphs and understand the consequences of my action. I hereby request that GIAL **not** release any directory information to non-institutional persons or organizations without my prior approval.

Student's Signature: _____ Today's Date: _____

Student's Printed Name: _____

Student's Local Address: _____

City: _____ State: _____ Zip Code: _____

Student's Local Phone: _____

Return completed form to: Office of the Registrar, Mahler 105, GIAL.