

## REQUEST FOR NON-DISCLOSURE OF DIRECTORY INFORMATION

The University of Central Arkansas may release Directory Information without the consent of the student, in accordance with the provisions of the *Family Educational Rights and Privacy Act of 1974*, as amended (FERPA). Directory Information is defined as that information which would not generally be considered harmful or an invasion of privacy if disclosed. The University of Central Arkansas defines Directory Information as:

Student name, class level, full or part-time status, terms of enrollment at the University, degrees earned, and academic honors received.

In accordance with the provisions of the *Family Educational Rights and Privacy Act of 1974*, as amended, an enrolled student has the right to withhold the disclosure of Directory Information. An enrolled student may request the non-disclosure of Directory Information at any time by submitting this form to the Office of the Registrar.

I, \_\_\_\_\_,  
Last Name, First Name, Middle Initial (PLEASE PRINT)

Student I.D. Number: B, a currently enrolled student, request the University of Central Arkansas to withhold the release of all information pertaining to me which is defined as Directory Information.

I understand that this request to withhold the release of Directory Information will be honored by the University until I submit a written request to rescind it, even if I have subsequently left the institution. \_\_\_\_\_ Initial

I understand that all requests for information, including any from me, will be refused unless accompanied by my signed waiver and written statement that specifies the information to be released. \_\_\_\_\_ Initial

I understand that the University is not responsible for contacting me for subsequent permission to release information about me. \_\_\_\_\_ Initial

I understand that the University is not liable for honoring a request for the non-disclosure of Directory Information. \_\_\_\_\_ Initial

By affixing my initials to each of the items above and my signature below, I affirm that I have read and agree to abide by the conditions and provisions described above. I understand that this request to withhold Directory Information will not expire until I submit a written request to rescind it.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**OVER**

**Submit completed Request for Non-Disclosure of Directory Information form to:**

**Office of the Registrar  
University of Central Arkansas  
McCastlain Hall, Room 112  
Conway, Arkansas 72035-0001  
Telephone: (501) 450-5200  
FAX: (501) 450-5734**

**For information about the Family Education Rights and Privacy Act of 1974, as amended,  
direct inquires to this same address.**

☐ **Please mail a copy of my request for the Non-Disclosure of  
Directory Information at the University of Central Arkansas to the  
following address:**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Received:**

**Approved:**

**Recorded:** \_\_\_\_\_ **Date:** \_\_\_\_\_