



Directory Information Withholding Request Form

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that protects the privacy of student education records. "Education records" are "those records, files documents, and other materials which 1) contain information directly related to a student; and 2) are maintained by an educational institution. Generally speaking, FERPA allows the College to disclose education records or personally identifiable information from education records in the following circumstances: with the written consent of the student, if the disclosure meets one of the statutory exemptions, or if the disclosure is directory information and the student has not placed a hold on release of directory information.

Under FERPA, directory information relating to the student is considered public information unless the student formally requests in writing that it be kept confidential. This form serves to process such requests. This form may also be used to remove the privacy block on directory information.

Pomeroy College of Nursing assumes no liability if honoring the Directory Information Withholding request has a negative effect for the student.

Action to be taken (check one)

- ☐ **Request to withhold: Block the release of directory information.** This option will prohibit Pomeroy College of Nursing from releasing my directory information except as specified under FERPA.
- ☐ **Request to release: Allow the release of directory information.** This option will revoke any and all previous declarations from me to block the release of my directory information.

Directory information is defined in Pomeroy College of Nursing's full FERPA policy as being limited to the following:

- Student's Name
- Address (including email address)
- Date of Birth
- Enrollment Status (level and program option)
- Dates of attendance
- Phone numbers
- Expected graduation date
- Degrees, honors, and awards
- Previous institution(s) attended
- Photo

Student Information I hereby request that the Bursar/Registrar's Office take the above indicated action to either block or allow access to my directory information as defined above. I have read and understand the consequences of the action requested above. This form, and any subsequent requests, must be signed in person with picture ID or signed and notarized. I understand this action will remain in force until I complete a form to change this request.

Last Name

First Name

SONIS ID

Student Signature

Date

This form should be submitted to the Registrar Office.