

BLOOMSBURG UNIVERSITY
Office of the Registrar
F.E.R.P.A
Family Rights and Information Privacy Act

**Request by student to direct the Office of the Registrar
to NOT release directory information**

Print Name: _____
Last First

Student ID _____

Bloomsburg University students wishing to have no personal and/or biographical data information released must complete this form and present it to the Registrar. The withholding of such information will remain in effect until authorization, in writing, is received from the student.

Generally, it is not university policy to release student information. The FERPA of 1974 allows certain information classified as directory information to be released without student permission

Unless this form, is received by the Office of the Registrar the following information may be made available for the campus athletic brochures, academic honorary lists, graduation lists, etc., and may be accessible as directory information per the Family Rights and Privacy Act of 1974.

Information that may be released includes the student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, class schedules and individual student photographs and the most recent previous education agency or institution attended by the student.

Specific information such as grades is not included as directory information.

Notes:

1. If you submit this request, a number of campus mailings may not be sent to you. This includes invitation for awards, luncheons, etc. Also, your name will not appear in commencement program and your name will not be included in press releases, including announcements of deans list and graduation.
2. Even if you submit this request, selected administrative offices, such as Registrar, Financial Aid, Business Office, etc., will have access to your personal/biographical data, but these offices will only use this information for university related business.

Student Certification

By my signature, I certify that I have read the above and agree to the conditions set forth. Furthermore, my signature indicates I will be provided with a copy of this request after signed by the Registrar or designee.

Student Signature: _____ Date: _____

Student 6 Digit ID Number: _____

Recorded by: _____
Registrar or designee