



## Request To Prevent Disclosure of Directory Information

Dear Student:

The *Family Educational Rights and Privacy Act of 1974, as Amended*, designates certain information related to students as *directory information* and gives the University the right to disclose such information to anyone inquiring without having to ask students for permission, unless the students specifically request in writing that all such information not be made public without their written consent. The categories of directory information as listed in the University General Catalog policy statement on privacy rights include name, address, email address, telephone number, dates of attendance, previous institution(s) attended, major field of study, and degree(s) conferred and date(s) of degree. If you wish to withhold the disclosure of **all** the items in the directory information, fill out the form below and submit it to the Office of the Registrar. A "No Release" applies to all elements of directory information on your record. Antioch University Santa Barbara (AUSB) does not apply "No Release" differentially to the various directory information data elements.

Once received, all directory information will be withheld until such time that you notify the Office of the Registrar that you wish to have the hold removed. This means that if you have a hold on your directory information at the time you graduate or withdraw from the University, that we will be unable to comply with any requests received after your departure.

Please consider very carefully the consequences of any decision you make to withhold any category of directory information, as any requests for such information from other schools, prospective employers or other persons or organizations will be refused. AUSB will honor your request to withhold all directory information, but cannot assume responsibility to contact you every time a request is received. Regardless of the effect upon you, AUSB assumes no liability for honoring your instructions that such information be withheld.

I have carefully read the above and request that **all** my directory information not be disclosed to third parties without my written permission or as permitted by the law.

---

\_\_\_\_\_  
STUDENT'S FULL NAME (Print)

\_\_\_\_\_  
QUARTER

\_\_\_\_\_  
YEAR

\_\_\_\_\_  
STUDENT IDENTIFICATION NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE

Return completed form to the Office of the Registrar  
602 Anacapa Street, Santa Barbara, CA 93103  
Ph.: (805) 962-8179 • Fax: (805) 962-4786