

Request to Prevent Disclosure of Directory Information

Name _____ Antioch ID Number _____

Quarter _____ Year _____

At Antioch University Seattle the following “directory information” about a student may, by law (FERPA), be disclosed without the student’s prior consent: student’s name, address(es), email address(es), telephone number(s), major course of study and concentration, dates of attendance and degrees or certificates awarded. Any currently enrolled student can request that this information not be released.

No other student information is released to non-university personnel without the student’s written permission. By completing this form, you will be requesting that the information listed in paragraph one also NOT be released to non-university persons. Students may withhold this directory information by notifying the Registrar in writing.

Please consider carefully the effects of your decision to request confidential status for your “directory information.” For example, any demographic changes (addresses, phone numbers) must be requested in person with a picture form of identification presented, or through secure FirstClass email. Friends or relatives trying to reach you will not be able to do so through the University; information or confirmation that you are a student here will not be released; if a loan company, prospective employer, other institutions, family members, etc., inquire about you, they will be informed that we have no record of your attending here.

Once you have designated a confidential classification for your “directory information,” it will remain until you submit a signed authorization that it be removed.

By signing below, I request that under the Family Educational Rights and Privacy Act no information about me be released to non-university persons. I also acknowledge that I am aware of the potential consequences, as indicated above, of this action.

Signature _____

Date _____