



Request To Prevent Disclosure of Directory Information

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 for permission, unless the student specifically requests 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, but are not limited to: 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 University Registrar's Office. A "No Release" applies to all elements of directory information on your record. Antioch University does not apply "No Release" differentially to the various directory information data elements.

Once received, all directory information will be withheld for the duration of the academic year, unless rescinded, and must be requested annually. However, if you have a hold on your directory information at the time you graduate or withdraw from the University, it will remain in place until or unless rescinded in writing. This means that we will be unable to comply with requests received after your departure.

Please consider very carefully the consequences of any decision you make to withhold directory information, as any requests for such information from other schools, prospective employers or other persons or organizations will be refused. Antioch University 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, Antioch University 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 be withheld from third parties without my written permission or as permitted by the law.

STUDENT'S FULL NAME (Print)

STUDENT IDENTIFICATION NUMBER or SSN

DATE

STUDENT SIGNATURE

Return completed form to the University Registrar's Office
900 Dayton Street, Yellow Springs, OH 45387
Ph.: (937) 769-1340 • Fax: (937) 769-1350