

Davis & Elkins College™

Request to Prevent Disclosure of Directory Information

The items listed below are designated as “Directory Information” and may be released for any purpose at the discretion of our institution. Under the provisions of the Family Educational Rights and Privacy Act of (FERPA), you have the right to withhold the disclosure of the “Directory Information” listed below.

Please consider carefully the consequences of any decision by you to withhold Directory Information. Should you decide to inform Davis & Elkins College not to release this information any requests for such information from non-institutional persons or organizations will be refused. The Withhold Directory Flag will remain on your records after graduation if you have requested the information be withheld.

FOR EXAMPLE: If you have authorized that Directory Information be withheld and a potential employer contacts this institution to verify dates attended or degree awarded, the information would not be released.

Davis & Elkins College will honor your request to withhold the information listed below but cannot assume responsibility to contact you for subsequent permission to release this information. Regardless of the effect upon you, Davis & Elkins College assumes no liability for honoring your instructions that such Information be withheld.

Directory Information includes the following:

Student’s full name	Photograph
Addresses – local, permanent, and college assigned e-mail	Weight and height of members of athletic teams
Date of birth and citizenship	Dates of attendance
Major field of study	Degrees and awards received
Participation in officially recognized activities and sports	Most recent previous school attended
Telephone listings – local and permanent	Classification (ex: Freshman, Sophomore, etc)

WITHHOLD “DIRECTORY INFORMATION”

I wish to prevent disclosure of my “Directory Information” and understand the ramifications of doing so.

Signature: _____ Student ID Number _____ Date _____

Please print name: _____

Received in Registrar’s Office
Initials _____ Date _____

RELEASE “DIRECTORY INFORMATION”

I no longer request that my “Directory Information” be withheld and release the College from any responsibility to withhold open “Directory Information”.

Signature: _____ Student ID Number _____ Date _____

Please print name: _____

Received in Registrar’s Office
Initials _____ Date _____