

**OFFICE OF ACADEMIC RECORDS & REGISTRATION
SLIPPERY ROCK UNIVERSITY
SLIPPERY ROCK, PA 16057
(724)738-2010**

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

Dear Student:

The Family Educational Rights and Privacy Act 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” are listed in the Slippery Rock University policy statement on privacy rights, a copy of which is available upon request from the Office of Academic Records & Registration. If you wish to withhold the disclosure of all of the items of “Directory Information,” fill out the form below and submit it to the Director of Academic Records & Registration.

Once received, all “Directory Information” will be withheld until such time that you notify the Office of Academic Records & Registration 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 future requests for such information from other schools, prospective employers or other persons or organizations will be refused. Slippery Rock 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, Slippery Rock 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” not be disclosed to third parties without my written permission or as permitted by the law.

Term (check one): Fall Spring Summer 20_____

Student’s Local/Campus Address _____

City _____ State _____ Zip _____

Student’s Local/Campus Phone _____

Today’s Date _____ Student’s Signature _____

Return completed form to: Director, Academic Records & Registration, Slippery Rock University, 104 Maltby Ave, Suite 107 Slippery Rock, PA 16057