

REQUEST TO WITHHOLD/RELEASE DIRECTORY INFORMATION

INSTRUCTIONS

Who needs to use this form? Students who do not wish to have their directory information disclosed to a third party-or-students who previously requested nondisclosure but now wish to authorize the release of their directory information.

Under the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, students may request that Angeles University (AU) withhold the disclosure of their designated Directory Information. To make this request, students must complete and submit this form to the Registrar's Office. Once submitted, this request will remain in effect until the student submits a written request authorizing the Registrar's Office to remove the restriction.

If student data is withheld, AU is unable to share your directory information. AU cannot assume responsibilities for contacting you for this authorization, nor can we accept liability for honoring your request that such information be withheld.

Your request to withhold your directory information will remain in effect until you inform us by submitting a NEW "Request to Withhold/Release Directory Information" form indicating you wish to rescind your existing request.

Unless this form is completed and processed, AU will continue to release information about you as dictated by federal and state laws.

DIRECTORY INFORMATION

At AU, the items listed below are considered to be Directory Information and will be available to the general public upon request without the consent of the student unless this form is completed and submitted to the Registrar's Office.

- Student name, address, telephone number
- Major field of study
- Enrollment status (i.e., ungraduated, graduate, full-time or part-time or leave of absence).
- Date of Attendance
- Degrees/Certificates, honors and awards received
- Graduation Date
- Previous educational agency or institution attended

These items are considered Limited Directory Information and are released to university staff and faculty for the purposes of doing business at the university.

- Student name
- Email address
- Student ID
- Student change code (i.e., new, returned, dropped)

COMPLETE THE FOLLOWING

Name: _____ **Date of Request:** _____
 Last First
 MI

Student ID: _____ **Phone No.:** _____

Personal Email: _____ **School Email:** _____

AUTHORIZATION

Check only one option:

- I wish to prevent disclosure of my directory information and the implications of doing so, as described above. DO NOT release my directory or limited directory information. I understand and agree to the following:**
- This prohibits AU from releasing or acknowledging any information regarding my enrollment to any third parties, including employers, loan deferments, requests from non-institutions persons/organizations, or me unless a written request bearing my signature is received. No information will be released to me or any person(s) via telephone, email or any method without such authorization.
 - This restriction does not prevent disclosure of information authorized personnel within the University or when required by a lawfully issued subpoena. Information may be also disclosed to the US Department of Education, Department of Veteran Affairs, Office of the Inspector General, the university's accreditation and licensure agencies, state and local education authorities, Financial Aid agencies for which the student has applied, the Internal Revenue Services (IRS) in compliance with the Taxpayer Relief Act, Immigration and naturalization for SEVIS reporting, and the Assistant Attorney General or higher in accordance with the Patriot Act.
 - This request suppresses my information verbally and in printed or published forms (i.e. campus directory, web directory, commencement program).
 - This restriction will remain in effect until I submit a request to remove it by filling a new Withhold/Release of Directory Information form.

Important: Checking this option prevents AU from verifying any information about your record to anyone, including yourself, without your written consent. Your name will also be excluded from the commencement program unless you revoke this request in writing before the commencement date.

- I wish to CANCEL my previous request for withholding directory or limited directory information.**

STUDENT SIGNATURE

Student's Signature: _____ **Date:** _____

Submit this completed form with a copy of a valid photo ID to the Registrar's Office: registrar@angelesuniversity.edu.

FOR REGISTRAR'S OFFICE USE ONLY			
Received By:		Date Received:	
RO Signature:		Student Record Updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No