

FERPA RELEASE
Request for Non-Disclosure of Directory Information

The Family Educational Rights and Privacy Act of 1974 (FERPA) assure confidentiality of education records containing information directly related to a presently enrolled student, a former student, or alumni. The institution, according to the Act, may make public "directory information" about a student. According to the provisions of FERPA, an enrolled student has the right to withhold the disclosure of directory information and may request the non-disclosure of information at any time.

Directory information at Arkansas Tech University consists of the student's name, hometown, electronic email address, major field of study, enrollment status (undergraduate or graduate, full-time or part-time), dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, and degrees, honors, and awards received.

Student Name (Please Print): _____

Student Mailing Address: _____

Student T Number: T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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I understand that (1) I request Arkansas Tech University to withhold the release of all information pertaining to me which is defined as directory information; (2) that this request to withhold the release of directory information shall remain valid until revoked by me, in writing, and delivered to the office that this request was originally given, but that any such revocation shall not affect disclosures previously made by Arkansas Tech University prior to the receipt of any such written request; (3) that this request to withhold the release of directory information will not expire until I submit a written request to rescind it, delivered to the office that this request was originally given, even if I have subsequently left the institution; (4) that all requests for information, including any from me, will be refused unless accompanied by my signed waiver and written statement that specifies the information to be released; (5) and that Arkansas Tech University is not responsible for contacting me for subsequent permission to release information about me.

Student's Signature

Date

Return Completed Forms To:

Office of the Vice President for Student Services
Doc Bryan SSC Ste 203
1605 Coliseum Drive
Russellville AR 72801-222

<u>For Office Use Only:</u>
Date Received: _____
Date Recorded: _____
Employee's Initials: _____