

REQUEST TO PROHIBIT DISCLOSURE OF STUDENT DIRECTORY INFORMATION

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Royal ID			Name						
College			Level			Cell Phone #			
CAS	KSOM	LCHS	□ Undergraduate □ Graduate						
Year				Effective Terr	n				
				□ Fall	□ Intersession	□ Spring □ Summer			
Scranton Email Address									
						@scranton.edu			
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The University of Scranton seeks to insure the accuracy and privacy of student records. The university adheres to the guidelines of the Federal Educational Rights and Privacy Act (FERPA), as amended, which provides privacy protection for all students.

Consistent with FERPA, the university will release only student information that it considers "directory" information. The university considers the following to be "directory" information that may be made available, at its discretion, without prior consent of the student: name, former name(s), address (local and permanent), telephone number (campus/local and permanent), date and place of birth/age, photograph, major field of study, participation in officially recognized activities and sports, e-mail address, dates of attendance, enrollment status, campus employment, class level, expected/actual date of graduation, degrees, awards, academic honors, and weight and height of members of athletic teams. Other information such as ssn, grades, test scores, and grade point average are examples of information that may NOT be released.

Students who wish to restrict the release of directory information should realize that their names will not appear in the student directory, commencement bulletin, dean's list announcements and other university publications. Additionally, no information about the student will be released to third parties, such as employers, credit card companies, loan agencies, insurers, scholarship committees, etc.

I have read and understand the consequences of and procedures for restricting directory information. I hereby request that the Office of the Registrar and Academic Services restrict (as indicated above) all directory information maintained in my student record. I understand that this nondisclosure request will remain in effect until I request, in writing, its removal.

Student Signature	Date

Return the completed form to the Office of the Registrar, O'Hara Hall, 800 Linden Street, Scranton, PA 18510

ORAS Office Use		Signature	Date
□ Flag on student's Banner record	□ Scan record		