



REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

Date			
Campus	Major	Term/Year	
Last Name	First	Middle	Maiden
Address			
City	State	Zip Code	
Phone ()	Email Address		

The items listed below have been designated as "Directory Information" and may be released for any purpose at the discretion of Hebrew Union College.

Name	Enrollment Status
Attendance dates (periods of enrollment)	Level of education (credits) completed
Address	Major field of study
Telephone number	Degree enrolled for
Date and place of birth	Participation in officially recognized
Photograph	Activities and sports
Email address	Previous school attended
Full or part-time status	Degrees, honors and awards received

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of your "Directory Information."

Please consider very carefully the consequences of your decision to withhold "Directory Information." With this decision, you are granting permission to the College to withhold all information pertaining to your academic career to all non-institution persons and organizations. However, the College is required by law to release enrollment information to the Department of Education for all students receiving federal aid.

The College cannot assume responsibility to contact you for subsequent permission to release. Regardless of the effect upon you, the College assumes no liability for any negative outcomes due to withholding such information.

Your request will be effective through your academic career at Hebrew Union College, unless subsequently revoked in writing by the student through the Office of the National Registrar.

.....
I understand the above statement and agree that I wish no directory information be released on my behalf to anyone for any reason.

Student Signature	Date
-------------------	------