

Office of the National Registrar

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

Date: _____ Campus: _____ Term/Year: _____

Last Name: _____ First Name: _____

Middle: _____ Maiden: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ 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	Level of education (credits) completed
Address	Major field of study
Telephone number	Degree enrolled for
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: _____