



UNIVERSITY OF THE INCARNATE WORD

Request for Confidential Status of Directory Information

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, the following information is considered to be directory information at the University of Incarnate Word and may be made public without prior written consent of the student:

name, date and place of birth, local and/or permanent address and phone number, classification, degrees and awards received, major/concentration, participation in official activities or sports, dates of attendance, and/or most recent or previous educational institution attended.

By completing this form, you are requesting that information **not** be released to non-university personnel. Some of the effects of your decision to request confidential status will be:

- you will not be listed in campus publications,
- friends or relatives trying to reach you will not be able to do so through the University;
- information that you are a student here will be suppressed, so if others (e.g., loan company, prospective employer, family members) inquire about you, they will be informed that we cannot release information about you or your attendance here,
- we will **not** release information to **you** about your enrollment here over the telephone.
- you will need to conduct all of your business with the University in person and show your identification.

Please make this decision wisely.

Once you have designated a confidential classification, it will not be removed until you submit a signed authorization requesting that it be removed.

I request that the Registrar's Office withhold the release of directory information about me to third parties. I realize that the information will be collected as part of the registration process and that the information I provide is correct. I realize also that the institution is bound by a lawfully submitted court order to provide information as directed by the subpoena and in such cases, the request to withhold information about me will be ignored. Further, where appropriate, institutional officers or offices may have access to the information I provide to conduct the business of that office.

Print Your Name

Social Security Number

Your Signature

Date