



FERPA FULL PRIVACY/NONDISCLOSURE OF DIRECTORY INFORMATION REQUEST

Student Name: _____

Identification Number: _____

Under the provisions of the Family Education Rights and Privacy Act of 1974 (the "Buckley Amendment"), you have the right to have directory information withheld from the public. If you do not submit this form, only the following items designated as directory information may be disclosed to all inquirers.

- Student name
- Classification
- Identification number
- Major Field of Study
- Dates of Attendance
- Enrollment status
- Degrees conferred, including dates

Considerations

1. Please give careful consideration to the consequences of withholding directory information. Should you do this, any future requests for such information, including the fact that you are enrolled, from persons or organizations unaffiliated with the University will be refused. Our response when an inquiry is received about your student record will be, "*We have no information about this person.*" Please be aware this will prevent disclosure of your information to any and all prospective employers and student loan providers.
2. The University will **not** contact you when a request for information is made; therefore, if you do wish to have information released to a specific person or organization while this request is in effect, you must establish a FERPA Consent to Release for them. No information will be released to anyone, including you, without proof of identity.
3. You must be a registered student during the term for which you are requesting nondisclosure of information. Once you graduate from Amberton University, you cannot place a nondisclosure hold on your account.
4. The nondisclosure request stays on your record and enforced until you file a written request to remove it.

I request the information, classified by Amberton University under the provisions of FERPA as "Directory Information" be withheld by Amberton University from public disclosure. However, I understand that my enrollment and data may be included in aggregate counts and my information may be provided to those who have a legitimate need to know: Institutional Research, University Officials, the Federal and State governments and other specified individuals as prescribed by law.

I am aware that my data may be contained in information that has been released by Amberton University prior to completing this request and cannot be removed. I understand this document must be completed and filed with Amberton University.

Signature

Date