NORTHERN STATE UNIVERSITY
REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of Directory Information. The items listed below are designated as Directory Information and may be released for any purpose at the discretion of our institution, unless you sign this request to prevent disclosure.

Name
Graduation date
Dates of Attendance
Grade level (undergraduate, graduate)

Major field of study
Diploma or degree
Academic honors/achievements
Hometown

YOUR SIGNATURE INDICATES THAT YOU DO NOT WISH THE INSTITUTION TO DISCLOSE ANY PUBLIC OR DIRECTORY INFORMATION REGARDING YOUR RECORDS AT NSU.

Student Name __________________________ ID# __________________
Date _______________ Student Signature ______________________________

Please consider very carefully the consequences of any decision by you to withhold any Directory Information. Should you decide to inform the institution not to release any of this Directory Information, any future requests for such information from non-institutional persons or organizations will be refused. For instance, your name will not appear in any printed information from the university (either printed or on-line), including student directories, honors lists, graduation programs, and requests from prospective employers. Should you decide to withhold directory information any requests from off-campus persons or organizations will be refused until you notify the NSU Registrar in writing that you no longer want the information withheld. No identifiable information other than the directory information listed above, is ever released to off-campus persons or organizations without the written consent of the student.

The institution will honor your request to withhold any of the directory information listed above until the request is cancelled by the student.

I hereby cancel this Request, and consent to release of Directory Information.

Date _______________ Student Signature ______________________________

Retain a copy of this form for your records.

Revised November 2015