

## Designation of Student Directory Information as a Confidential Record

Under the Federal Family Educational Rights and Privacy Act of 1974, as amended December 31, 1974, universities will offer a student the opportunity of designating Directory Information as confidential records.

The University, in accordance with the Act, has designated the following categories of information about you as public unless you choose to exercise your right to have this information withheld.

### Directory Information includes:

1. Full name
2. Address: campus and home
3. Telephone listing
4. E-mail address
5. Major fields of study, including teacher licensure, majors and minors
6. Participation in officially recognized activities and sports
7. Weight, height, and position of members of athletic teams
8. Dates of attendance (including current classification, matriculation, and withdrawal date)
9. Degrees, awards, honors, and dates received, including honor roll designation
10. The most recent previous educational institution attended
11. Full- or part-time status
12. Photograph, but limited to the student identification photograph

**Please consider very carefully the consequences of your decision to request the University not to release this "Directory Information." Your request to have your Directory Information designated as confidential will be in effect FOREVER until rescinded by you in writing, regardless of withdrawal or graduation. If you designate your Directory Information as confidential then NO INFORMATION OF ANY KIND MAY BE RELEASED, even to you, without your written consent!**

### Examples

- > The University could not release your telephone number to family in the event of an emergency.
- > The University could not release information to a prospective employer.
- > Responses to inquiries for any student who has designated his/her information as confidential must be "I have no information about this person."

### Please select one of the following:

- I wish to have my Directory Information designated as confidential. I am verifying that I am enrolled and that I understand that if I have to be readmitted for any reason, I must submit a new student directory information confidentiality form.
- I wish to remove the confidential designation of my Directory Information.

By signing below, you are indicating that you wish to have your Directory Information designated OR removed as confidential. Please forward the signed form and a copy of your driver's license to: The Office of Registration and Records, Parsons Hall, Room 009, Terre Haute, IN 47809.

\_\_\_\_\_  
(Print) Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
University ID # (XXX-XXX-XXX)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date