



SACRAMENTO
STATE

California State University, Sacramento
Office of the University Registrar
6000 J Street • Lassen Hall 2000 • Sacramento, CA 95819-6056
T (916) 278-8088 • F (916) 278-6453 • www.csus.edu/registrar

Request to Prevent Disclosure of Directory Information

Dear Student:

The *Family Educational Rights and Privacy Act* designates certain information related to students as *directory information* and gives the University the right to disclose such information to anyone inquiring without having to ask students for permission, unless the students specifically request in writing that all such information not be made public without their written consent. Directory information is defined as: Student's name, addresses (including e-mail), telephone numbers, likenesses used in University publications including photographs, date of birth, major field of study, class level, dates of attendance, enrollment status (part/full-time), degrees earned, awards and honors (e.g. Dean's Honor List) received, participation in University recognized activities and sports, weight and height of members of athletic teams and most recent educational agency or institution attended by the student. If you wish to withhold the disclosure of all of the items of directory information, fill out the form below and submit it to the Office of the University Registrar. PLEASE NOTE: The request to prevent disclosure of directory information applies only to currently enrolled students and not to former students. The University will honor only requests to release information that were previously withheld when the students were enrolled.

Once received, all directory information will be withheld until such time you notify the Office of the University Registrar that you wish to have the block removed. This means if you have a block on your directory information at the time you graduate or withdraw from the University, we will be unable to comply with any requests received after your departure.

Please consider very carefully the consequences of any decision you make to withhold directory information as any future requests for such information from other schools, prospective employers, insurance companies, financial institutions, loan agencies, scholarship committees or other persons or organizations will be denied and will be informed we have no information available about your attendance at Sacramento State. Sacramento State will honor your request to withhold all directory information, but cannot assume responsibility to contact you every time a request is received. Regardless of the effect upon you, Sacramento State assumes no liability for honoring your instructions that such information be withheld.

I have carefully read the above and request that my directory information not be disclosed to third parties without my written permission or as permitted by law.

Student Name: Last, First and MI

Semester & Year (e.g. Fall 2017)

Local Address

Student Identification Number

City, State, ZIP

Telephone

Student Signature

Today's Date