



## Request to Prevent Disclosure of Directory Information

Name \_\_\_\_\_ Student ID # 777 - \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

The items listed below are designated as Directory Information by Roberts Wesleyan College and Northeastern Seminary under the Family Educational Rights and privacy Act (FERPA) and may be released for any purpose at the discretion of our institution.

- Student's Name
- Address (Campus residents, 2301 Westside Dr; off-campus, and Alumni Permanent Address)
- E-mail
- Picture
- Telephone listing
- Date & place of birth
- Major field of study
- Dates of attendance
- Awards, degrees, and honors received
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Class Level
- Enrollment Status (Full-time, Part-time, etc)
- Most recent previous educational agency or institution attend

\_\_\_\_ Prevention of Disclosure

I request that my directory information not be released to the public. I understand that this information will not be published in any directories, nor in the Commencement Program upon graduation, nor released to any outside agencies for any reason. I further understand that this information will not be withheld from any NES/RWC offices that may request it.

\_\_\_\_ Revocation of Disclosure

I hereby authorize the revocation of the prevention of disclosure of my directory information. I understand this information may now be published in any directories, Commencement Program, and released to outside agencies.

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

**Please return this form to the Registration Office.**

Roberts Wesleyan College, 2301 Westside Drive, Rochester, NY 14624 Fax 585.594.6925