Request to Prevent Disclosure of Directory Information

Student Name ___________________________ Last ___ First ___ Middle ___

Campus Wide Identification Number (CWID) ____________________ Semester ______ Year ______

Northwestern State University (NSU) is committed to following the guidelines of the Family Educational Rights and Privacy Act of 1974. The only information ordinarily released concerning students will be that considered Directory Information. NSU defines this as student’s name, mailing address, e-mail address, photograph, telephone number, dates of attendance, enrollment status (e.g., undergraduate or graduate; full-time or part-time), major field of study; participation in officially recognized activities and sports; weight and height of members of athletic teams; degrees, honors and awards received, including naming to honor rolls; and the most recent educational agency or institution attended.

Directory Information, by law, may be released to the general public and may be listed in the campus directory. No other student information is released to non-university personnel without your written permission. By completing this form, you will be requesting that Directory Information not be released to non-university personnel or listed in the campus directory.

Some of the effects of your decision to request confidential status will be that friends or relatives trying to reach you will not be able to do so through the University; information that you are a student here will be suppressed, so that if a loan company, perspective employer, family members, etc., inquire about you, they will be informed that we have no record of your attendance at Northwestern State University.

Once you have designated a confidential classification, it will not be removed until you submit a signed authorization requesting that it be removed.

_________________________________________ Date

Student’s Signature (Required)

REVOKE AUTHORIZATION

By signing below, I hereby revoke any previous request to prevent disclosure of directory information.

_________________________________________ Date

Student’s Signature (Required)