



## Request to Withhold Release of Directory Information

*With rescind option*

### Directory Information

Fontbonne University has designated certain information contained in the education records of its students as Directory Information. This includes: (1) full name, (2) local and home addresses, (3) local and home telephone numbers, (4) e-mail address, (5) date and place of birth, (6) most recent educational institution attended, (7) enrollment status, (8) class level, (9) dates of attendance, (10) degrees, awards, and honors received, (11) participation in officially recognized activities and sports, (12) weight and height of athletic team members, and (13) photographs.

Fontbonne University may disclose Directory Information for any purpose, without the prior consent of a student, unless the student has forbidden its disclosure in writing. Students wishing to prevent release of the designated Director Information should file a written notification by completing this form and returning it to the Registrar's Office within two (2) weeks of the start of the semester. This form will stay in effect until the Fall term of the next academic year. The University will assume that a student does not object to the release of the Directory Information unless the student files this form in a timely fashion.

### Effect of Preventing Release of Directory Information

Please consider very carefully the consequences of filing this form. Should you request Fontbonne University to withhold release of Directory Information, any future requests for such information from non-institutional persons or organizations will be refused while this form is in effect. This request will be enforced until the student revokes it in writing or the beginning of the next Fall term, except as noted below.\* The University will honor this request without exception and is not responsible for any effect the University's compliance with this request may have on you.

**Requesting to withhold release of Directory Information will preclude Fontbonne University from confirming your attendance or, if in effect upon graduation, \* the degree you attained for employment, credit or other purposes.**

Submission of this form is an indication of my desire to **withhold** the release of Directory Information. My signature is an indication that I fully accept the responsibility to notify the Registrar's Office, in writing, if I subsequently wish to allow the release of Directory Information. I understand I must indicate my desire to withhold the release of Directory Information annually.

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Name

Student ID#

Last 4 SSN

\* If you plan on graduating this term, and wish to allow the release of Directory Information starting the day prior to graduation, please check this box:

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Student Signature (physical signature required)

Date