

**REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION**

Registrar's Office  
Weber State University

To all students:

The Family Educational Rights and Privacy Act (FERPA) designates certain information related to your student record as "Directory Information" and gives the University the right to disclose such information to anyone inquiring without having to ask for permission, unless you specifically request in writing that all such information not be made public without your written consent.

The following information has been designated by the University as "Directory Information:"

- |                           |                               |
|---------------------------|-------------------------------|
| a) Name                   | f) Degree(s) Received         |
| b) Address                | g) Full-Time/Part-Time Status |
| c) Telephone Number       | h) Date of Birth              |
| d) Major Program of Study | i) Honors Received            |
| e) Dates of Attendance    |                               |

If you wish to withhold disclosures of your "Directory Information," **please print a copy of this form** and submit the completed form to the Registrar's Office, in the Student Service Center on the main campus, or to the Enrollment Services Office, at the Davis Campus.

Please consider very carefully the consequences of any decision made by you to withhold "Directory Information," as any future requests for such information from non-institutional persons or organizations will be refused. Weber State University will honor your request to withhold all of the information listed, but cannot assume responsibility to contact you for subsequent permission to release it. This contract is effective for the current academic calendar year and will be removed at the end of Spring Semester. All requests will need to be resubmitted each academic year. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

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I have carefully read the above and request that the University **not disclose** my "Directory Information" to non-institutional persons or organizations without my prior written permission. I acknowledge that revocation of this non-disclosure contract prior to the end of Spring Semester must be submitted in writing to the Office of the Registrar, Weber State University.

Print Name: \_\_\_\_\_ Student Id#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to: Registrar's Office 1102 University Circle, Ogden, UT 84408-1102, or submit in person at the locations listed above. Information will be updated as it is received in the Registrar's Office.

**Office Use Only:**

To be filled out by the Registrar's Office representative:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Revocation: \_\_\_\_\_