

**REQUEST FOR REVOCATION OF NON- DISCLOSURE
OF DIRECTORY INFORMATION CONTRACT**

Registrar's Office
Weber State University
1102 University Circle
Ogden, UT 84408-1102
801-626-6046

Weber State University does not normally disclose directory information. However, at its discretion, it may provide directory information in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended. Weber State University has designated the following 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 | |

Under the provisions of FERPA, students have the right to withhold the disclosure of directory information. Weber State University will honor your request to withhold all of the information listed above, but cannot assume responsibility to contact you for subsequent permission to release it. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

Your request for non-disclosure will remain in effect through the end of the academic calendar year (end of Spring Semester) or when rescinded in writing. Please consider very carefully the consequences of any decision by you to withhold directory information.

I hereby authorize the Office of the Registrar at Weber State University to remove the non-disclosure block (confidentiality block) from my education record. Effective immediately, directory information may once again be released to the public, at the discretion of Weber State University.

Print Name: _____ Student Id#: _____

Signature: _____ Date: _____

Return completed form to: Registrar's Office 1102 University Circle, Ogden, UT 84408-1102. 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: _____