



BRIDGEWATER, MA 02325
(508) 531-1231

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

The Family Educational Rights and Privacy Act (FERPA) designates certain information related to students as “Directory Information”. This gives the University the right to disclose such information to anyone inquiring without having to ask students for permission, unless the students specifically request in writing that all such information not be made public without their written consent. The categories of “Directory Information” at Bridgewater State University are as follows:

- student’s name
- student’s hometown
- college or school and major field of study
- participation in officially recognized activities and sports
- weight, height and age of members of athletic teams
- dates of enrollment
- class level (e.g., freshman, sophomore, first-year, second year, etc.)
- enrollment status (e.g., full-time or part-time status; undergraduate or graduate)
- certificates, degrees, and awards received, including Dean’s list and graduation honors

If you wish to withhold the disclosure of all of the items of “Directory Information” fill out the form below and submit it to the Registrar’s Office.

This form must be received in the Registrar’s Office prior to the close of the drop/add period in any given semester or term to ensure that the above information is not released for the remainder of the semester. This form becomes invalid only upon written notification from the student to revoke this request.

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 unauthorized organizations will be refused. Bridgewater State University will honor your request to withhold “Directory Information” but cannot assume responsibility to contact you for subsequent permission to release it. Regardless of the effect upon you, Bridgewater State University assumes no liability for honoring your instructions that such information may be withheld.

I have carefully read the above and request that all “Directory Information” not be disclosed to non-institutional persons or unauthorized organizations by the University without my prior written permission:

Student’s Printed Name _____ Banner ID:

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Student’s Local/Campus Address _____

City _____ State _____ Zip _____

Student’s Local/Campus Phone (____) _____

Student’s Signature _____ Today’s Date _____

Return completed form to: Registrar’s Office, Boyden Hall, Room 003

FOR OFFICE USE ONLY – ORIGINAL TO BE KEPT PERMANENTLY IN FERPA STUDENT HOLDS FILE

Date Received

Database Updated

Copy in Student File (degree students)

Processed by:
Initials _____
Date _____