



UNIVERSITY
AT ALBANY

State University of New York

STUDENT REQUEST FORM TO WITHHOLD DIRECTORY INFORMATION
Family Educational Rights and Privacy Act (FERPA) of 1974
20 USC § 1232g and 34 CFR § 99

Instructions to Student: *Carefully read the information below. After completing the form, submit it to the University at Albany Registrar's Office.*

The University receives many inquiries for "directory information" from a variety of sources, including friends, parents, relatives, prospective employers, and other institutions of higher education, honor societies, licensing agencies, government agencies, and the news media. Each student is advised to carefully consider the consequences of a decision to withhold "directory information." The University, in all good faith, will not release directory information requested to be withheld, and any requests from persons or organizations outside the University will be refused unless the student provides written consent for the release.

I, _____, _____
(Student's Name-Print) (Student ID #)

hereby request that the University at Albany, State University of New York, withhold all directory information from the public.

I understand that my written request to withhold directory information will remain in effect until I notify the University at Albany Registrar's Office, in writing and notarized, to cancel it.

I understand that my request may take up to 5 days to process.

Student's Signature: _____ **Date:** _____

University at Albany is required to keep the original signed consent form. Students are advised to keep a copy of this consent form with their records.