

REQUEST TO PREVENT DISCLOSURE OF DIRECTORY INFORMATION

TO: All students

Term/Semester/Year _____

The confidentiality of students' educational records is protected by the Family Educational Rights and Privacy Act (FERPA), a Federal law. However, FERPA allows the University to release student "directory information" without a student's consent unless the student has requested such information be kept confidential. RSU defines "directory information" as the following: name, academic classification, campus or local address, campus or local telephone number, academic major, permanent address, current enrollment (verify or deny only), dates of attendance at RSU, degree(s) conferred and date(s) of graduation, and email address.

RSU offers students the option to keep directory information confidential. However, please be advised that doing so will make this important information unavailable to all, including prospective employers, credit agencies, and others to whom you may want this information known or verified. Thus, it is recommended that students carefully consider whether personal privacy concerns outweigh the potential inconvenience of having directory information withheld. Submitting this form will make your directory information confidential until you request, in writing to the Registrar's Office, that this restriction be lifted. As with all non-directory or confidential student records, RSU will release information to specific individuals or entities only with the express written consent of the student or as otherwise required by law.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of your "directory information," any future requests for such information from non-institutional persons or organizations will be refused.

To continue to allow the release of your directory information, do nothing. If you wish RSU to keep your directory information confidential, please circle the YES below, print your name, provide your 9-digit student identification number, sign, date, and return this form either in person or by mail, along with a copy of a photo ID with signature, to:

Office of the Registrar
Rogers State University
1701 W. Will Rogers Blvd.
Claremore, OK 74017

I want Rogers State University to keep my directory information confidential: YES / NO

Name (Please Print): _____

Student Identification Number: _____

Signature: _____

Date: _____
