

OFFICE OF RECORDS AND REGISTRATION
St. Cloud State University
720 4th Avenue South
St. Cloud Minnesota 56301-4498

**REQUEST TO PREVENT DISCLOSURE
OF DIRECTORY INFORMATION**

In conformity with the Family Educational Rights and Privacy Act of 1974, St. Cloud State University declares that the items listed below are considered directory information and may be released for any purpose at the discretion of the university.

Please consider very carefully the consequences of your decision to withhold any category of directory information. Should you decide to inform the university not to release any or all of this directory information, any future requests for such information from non-institutional persons or organizations will be refused.

The university will honor your request to withhold any of the categories listed below but cannot assume responsibility to contact you for subsequent permission to release them. The university assumes no liability for the consequences of honoring your instructions that such information be withheld.

If you choose to cancel this request, please contact the Office of Records and Registration, AS 118, 320-308-2111.

- COMPLETE THE FOLLOWING -

You may select any or all of the following options:

_____ Do not print name, address and phone number in the University Directory. (This option must be selected before September 15th in order for the request to be accommodated in the University Directory for the same academic year)

_____ Do not include name, address, email address, or phone number in publicly available electronic format. **(Exception: Students enrolled in courses which use online methods of instruction may have their email address shared with other class members enrolled in that particular course)**

_____ Do not release any of the following information: (If this option is chosen, none of the following items will be disclosed. You may not select individual items)

- Name
- E-mail address***
- Local address
- Permanent address
- Telephone listing
- Major field of study
- Class status (freshman, sophomore, etc.)
- Participation in official recognized activities and sports
- Weight and height of members of athletic teams
- Dates of attendance
- Degrees and awards received
- Most recent previous educational institution attended
- Date of birth

*** Exception: Students enrolled in courses which use online methods of instruction may have their email address shared with other class members enrolled in that particular course.**

Date _____ Name of Student (PLEASE PRINT) _____

SSN or Tech I.D. _____ Signature of Student _____